

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90032 043 ****50.00

DOCUMENT # L03000044438

1. Entity Name
BROWARD DEVELOPMENT II, LLC



Principal Place of Business
1126 S FEDERAL HWY #22
FORT LAUDERDALE, FL 33316

Mailing Address
1126 S. FEDERAL HWY #22
FORT LAUDERDALE, FL 33316

2. Principal Place of Business

1126 S FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address

1126 S FEDERAL HWY
Suite, Apt. #, etc.



04122006 Chg-LLC CR2E083 (11/05)

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip
33316

Country
US

Zip
33316

Country
US

4. FEI Number

80-0100900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAPE, PERRY
1126 S FEDERAL HWY
#22
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1126 S FEDERAL HWY

City **FT LAUDERDALE FL**

Zip Code
33316

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-12-06
DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KRAPE, PERRY
116 S FEDERAL HWY, #22
FORT LAUDERDALE, FL 33316 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-12-06 954-494-4444
Date Daytime Phone #