2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000025113

1. Entity Name
LANDKO BROWARD, LLC

60042538

04112007   Chg-LLC   CR2E083 (12/06)

Principal Place of Business	Mailing Address
230 PALERMO AVENUE CORAL GABLES, FL 33134	230 PALERMO AVENUE CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number XAPPLXEDXFOR 20-8918794 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KORGE, THOMAS J 230 PALERMO AVENUE CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 **Due by May 1, 2007**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE **MGRM** NAME **KORGE, CHRISTOPHER G** STREET ADDRESS **230 PALERMO AVE** CITY-ST-ZIP **MIAMI, FL 33134**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____   4/18/07   305-444-9533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #