


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000003153</b> 1. Entity Name <b>BROADSPAN SECURITIES LLC</b>	
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Principal Place of Business <b>1401 BRICKELL AVENUE SUITE 930 MIAMI, FL 33131 US</b>	Mailing Address <b>1401 BRICKELL AVENUE SUITE 930 MIAMI, FL 33131 US</b>
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>75-3124661</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GERRARD, MICHAEL L  
1401 BRICKELL AVENUE  
SUITE 930  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDRADE, FELIPE N.P. 1401 BRICKELL AVENUE SUITE 930 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHIOSSONE, ORLANDO A 1401 BRICKELL AVENUE SUITE 930 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GERRARD, MICHAEL L 1401 BRICKELL AVENUE SUITE 930 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEINER, DANIEL 1401 BRICKELL AVENUE SUITE 930 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, TIMOTHY W 1401 BRICKELL AVENUE SUITE 930 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALDES-FAULI, GONZALO 1401 BRICKELL AVENUE SUITE 930 MIAMI, FL 33131

U00000739165  
05/11/07-80055-025 \$0.00

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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 officer 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, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_