

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000022274

1. Entity Name  
BROADWAY ASSETS, LLC



Principal Place of Business  
17813 BISCAYNE BLVD  
AVENTURA, FL 33160

Mailing Address  
17813 BISCAYNE BLVD  
AVENTURA, FL 33160

BK

FILED  
07 OCT 25 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

10102007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
11-3708036

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

KORETSKY, FRANK  
17813 BISCAYNE BLVD  
AVENTURA, FL 33160

Name  
LOUIS J. TERMINELLO, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
2700 SOUTHWEST 37 AVENUE

City MIAMI FL Zip Code 33133

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 LOUIS J. TERMINELLO, ESQ.  
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/22/07  
DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
STREET ADDRESS KORETSKY, FRANK  
CITY-ST-ZIP 17813 BISCAYNE BLVD  
AVENTURA, FL 33160 ☒ Delete

TITLE NAME MGRM  
STREET ADDRESS SHAHNAZI, ALI ASGHAR  
CITY-ST-ZIP 17813 BISCAYNE BOULEVARD  
AVENTURA, FLORIDA 33160 ☒ Change ☐ Addition

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

TITLE NAME  
STREET ADDRESS  
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

MANAGING MEMBER

10/19/07

Date

(305) 858-4545

Daytime Phone #