

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085750

Entity Name: BROWARD GP, LLC**Current Principal Place of Business:**20803 BISCAYNE BLVD.
SUITE 200
AVENTURA, FL 33180**Current Mailing Address:**20803 BISCAYNE BLVD., SUITE #200
AVENTURA, FL 33180**FEI Number:** 20-1971998**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIBERO, LILIANA
20803 BISCAYNE BLVD.
SUITE 200
AVENTURA, FL 33180 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM, VP, DIRECTOR
Name	BEDZOW, MICHAEL
Address	20803 BISCAYNE BLVD., SUITE #200
City-State-Zip:	AVENTURA FL 33180

Title	PRESIDENT, TREASURER, DIRECTOR
Name	SHAPIRO, FRANCES
Address	20803 BISCAYNE BLVD. #200
City-State-Zip:	AVENTURA FL 33180

Title	VP, DIRECTOR
Name	FEINGOLD, ESTHER
Address	20803 BISCAYNE BLVD. #200
City-State-Zip:	AVENTURA FL 33180

Title	VP, SECRETARY, DIRECTOR
Name	BEDZOW, SARA
Address	20803 BISCAYNE BLVD. SUITE 200
City-State-Zip:	AVENTURA FL 33180

Title	CHAIRMAN, DIRECTOR
Name	BEDZOW, CHARLES
Address	20803 BISCAYNE BLVD. SUITE 200
City-State-Zip:	AVENTURA FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES BEDZOW

CHAIRMAN, DIRECTOR

01/22/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date