

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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FILED
Apr 28, 2014
Secretary of State
CC2515205438

Entity Name: BROWARD BOULEVARD ASSOCIATES LLC

Current Principal Place of Business:

501 BRICKELL KEY DRIVE,
SUITE 600
MIAMI, FL 33131

Current Mailing Address:

501 BRICKELL KEY DRIVE,
SUITE 600
MIAMI, FL 33131

FEI Number: 20-8872133

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEARSON, DALIA
501 BRICKELL KEY DRIVE, SUITE 600
SUITE 600
MIAMI, FL 33131 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: DALIA PEARSON

04/28/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CEO	Title	PAS
Name	CUBBON, MARTIN	Name	OWENS, STEPHEN
Address	501 BRICKELL KEY DRIVE, SUITE 600	Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	VP	Title	VP
Name	KELLY, MEGAN	Name	GANDOLFO, CHRISTOPHER
Address	501 BRICKELL KEY DRIVE, SUITE 600	Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	T/S	Title	AS
Name	PEARSON, DALIA	Name	MCMAIN, BEVERLEY
Address	501 BRICKELL KEY DRIVE, SUITE 600	Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

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: STEPHEN L. OWENS

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date