

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000118624

**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:**TOLAND, GREGG E  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	CEO
Name	CUBBON, MARTIN
Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131

Title	VP
Name	KELLY, MEGAN
Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131

Title	VPTS
Name	TOLAND, GREGG
Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131

Title	PAS
Name	OWENS, STEPHEN
Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131

Title	VP
Name	GANDOLFO, CHRISTOPHER
Address	501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip:	MIAMI FL 33131

Title	AS
Name	MCMAIN, BEVERLEY
Address	501 BRICKELL KEY DRIVE, SUITE 600
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**02/20/2014**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date