

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001334

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** WESTON BROWARD GENERAL PARTNER CORP.

**Current Principal Place of Business:**

68 SOUTH SERVICE ROAD, SUITE 120  
MELVILLE, NY 11747

**New Principal Place of Business:**

**Current Mailing Address:**

68 SOUTH SERVICE ROAD, SUITE 120  
MELVILLE, NY 11747

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 EAST PARK AVE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: CPT  
Name: BILOTTA, FRANK B  
Address: 114 W 47TH ST, SUITE 2310  
City-St-Zip: NEW YORK, NY 10036

Title: VCS  
Name: BURNS, KEVIN P  
Address: 68 S SERVICE ROAD, SUITE 120  
City-St-Zip: MELVILLE, NY 11747

Title: DVP  
Name: ANGELO, BERNARD J  
Address: 68 S SERVICE ROAD, SUITE 120  
City-St-Zip: MELVILLE, NY 11747

Title: D  
Name: MANCUSI, CATHERINE G  
Address: 114 W 47TH ST, SUITE 2310  
City-St-Zip: NEW YORK, NY 10036

Title: D  
Name: RYAN, KENNETH J  
Address: 68 S SERVICE ROAD, SUITE 120  
City-St-Zip: MELVILLE, NY 11747

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BERNARD J. ANGELO

VP

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date