

2002 **LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90958 013 \*\*\*\*50.00

**DOCUMENT #** L00000002002  
**1. Entity Name**  
 15850 NW 27th Avenue LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
 15850 NW 27th Ave  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 4801 South University Dr  
 Suite, Apt. #, etc.  
 Suite 227

**City & State**  
 Miami, FL

**City & State**  
 Davie, FL

**Zip** 33054 **Country**

**Zip** 33328 **Country**

**4. FEI Number**  
 65-0990157

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** Mark Brown

**Street Address (P.O. Box Number is Not Acceptable)**  
 4801 South University Dr  
 Suite 227

**City** Davie, **FL** **Zip Code** 33328

**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.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**IF FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 15**

9. MANAGING MEMBERS/MANAGERS			
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	GEO/D Mark Brown 2752 SW 132nd Way Davie, FL 33330	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PRES/D Kevin McKenna 1061 E. Wilshire Circle Pembroke Pines, FL 33027	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Mark W. B.* **Mark Brown** **3/6/02** **(954) 252-5551**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083B (12/01)