

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002005

Entity Name: 5826 BIRD ROAD, LLC

FILED
Jun 03, 2007
Secretary of State

Current Principal Place of Business:

5826 BIRD ROAD
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

4801 SOUTH UNIVERSITY DRIVE, SUITE 227
DAVIE, FL 33328

New Mailing Address:

FEI Number: 65-0990180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, MARK
4801 SOUTH UNIVERSITY DR., SUITE 227
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

MCKENNA, KEVIN
4801 SOUTH UNIVERSITY DR., SUITE 227
DAVIE, FL 33328 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: KEVIN MCKENNA

06/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEOD () Delete
Name: BROWN, MARK
Address: 2752 SW 132ND WAY
City-St-Zip: DAVIE, FL 33330

Title: PD (X) Delete
Name: MCKENNA, KEVIN
Address: 1061 E WILSHIRE CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCKENNA, KEVIN
Address: 4801 S UNIVERSITY DRIVE, SUITE 227
City-St-Zip: DAVIE, FL 33328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KEVIN MCKENNA

MGR

06/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date