


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90140 001 ***100.00

DOCUMENT # L00000007269 1. Entity Name CTA BROWARD LLC	
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Principal Place of Business 225 NE MIZNER BLVD. SUITE 200 BOCA RATON, FL 33432	Mailing Address 225 NE MIZNER BLVD. SUITE 200 BOCA RATON, FL 33432
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00000173



04132005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number 65-1018339	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GRAGG, K. LAWRENCE C/O WHITE & CASE LLP 200 S BISCAYNE BLVD SUITE 4900 MIAMI, FL 33131
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROCKER, THOMAS J 225 NE MIZNER BLVD., SUITE 200 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACKERMAN, RICHARD S 10250 CONSTELLAHON BLVD., STE. 2900 LOS ANGELES, CA 90067
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/28/05** **(351) 395-9666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #