

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90234 009 ****50.00

DOCUMENT # L01000004487

1. Entity Name

BROADMOOR OF WHITE CITY, LLC



Principal Place of Business

**4236 RIGELS COVE WAY
JENSEN BEACH, FL 34957**

Mailing Address

**4236 RIGELS COVE WAY
JENSEN BEACH, FL 34957**

14026046



DO NOT WRITE IN THIS SPACE

07142004No Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-0767409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUNDSTROM, DANIEL J
4236 RIGELS COVE WAY
JENSEN BEACH, FL 34957**

**DO NOT WRITE
IN THIS SPACE**

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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LUNDSTROM, DANIEL J
STREET ADDRESS	4237 RIGELS COVE WAY
CITY - ST - ZIP	JENSEN BEACH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Daniel J Lundstrom*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-15-04

Date

772-220-0844

Daytime Phone #