

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 21, 2006 8:00 am
Secretary of State

05-15-2006 90240 039 *****50.00

DOCUMENT # L01000019093

1. Entity Name
BROADMOOR NEWCO, LLC



Principal Place of Business
**405 N. ST. MARY'S ST. #850
SAN ANTONIO, TX 78205 US**

Mailing Address
**405 N. ST. MARY'S ST. #850
SAN ANTONIO, TX 78205 US**

30010832



04202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2664217

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EVERETT, ANTHONY
5005 INTERBAY BOULEVARD
TAMPA, FL 33611**

**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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
INTERNATIONAL REALTY INC
405 N ST MARY'S ST, STE 850
SAN ANTONIO, TX 78205**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
CARAWAY, HUGH L
405 N. ST. MARY'S ST. #850
SAN ANTONIO, TX 78205**

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

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(Controller)

6-15-06

210.281.1469