2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000002315

1. Entity Name
WEST BROWARD MANAGEMENT LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
8890 W. OAKLAND PARK BLVD. SUITE 100 SUNRISE, FL 33351	8890 W. OAKLAND PARK BLVD. SUITE 100 SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

01032008 No Chg-LLC   CR2E083 (12/07)
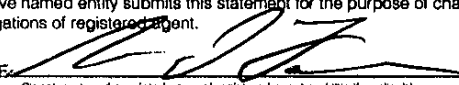
4. FEI Number	Applied For
01-0726747	Not Applicable

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

6. Name and Address of Current Registered Agent

FAYNE, STEVEN D
8890 OAKLAND PARK BLVD #100
SUNRISE, FL 33315

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 *1-4-08*
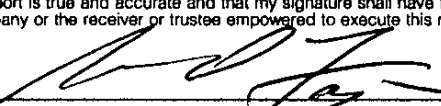
FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U000000775765
01/08/08-80043-005 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	D
NAME	FAYNE, STEVEN D PA
STREET ADDRESS	8890 W. OAKLAND PARK BLVD, STE 100
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	D
NAME	FERNANDEZ, ARMANDO A PA
STREET ADDRESS	389 W. OAKLAND PARK BLVD, STE 100
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	D
NAME	KLEINER, HARVEY S PA
STREET ADDRESS	8890 W. OAKLAND PARK BLVD, #100
CITY-ST-ZIP	SUNRISE, FL 33351
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 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 *1/4/07*   Daytime Phone # *954-741-3305*