2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002315

Address:

City-St-Zip:

SUNRISE, FL 33351

FILED Jan 22, 2009 Secretary of State

Entity Name: WEST BROWARD MANAGEMENT LIMITED LIABILITY COMPANY

Current Principal Place of Business: New Principal Place of Business: 8890 W. OAKLAND PARK BLVD. SUITE 100 8890 W. OAKLAND PARK BLVD. SUNRISE, FL 33351 100 SUNRISE, FL 33351 **Current Mailing Address: New Mailing Address:** 8890 W. OAKLAND PARK BLVD. SUITE 100 8890 W. OAKLAND PARK BLVD. SUNRISE, FL 33351 SUNRISE, FL 33351 FEI Number: 01-0726747 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FAYNE, STEVEN D FAYNE, STEVEN D 8890 OAKLAND PARK BLVD #100 8890 OAKLAND PARK BLVD SUNRISE, FL 33315 100 SUNRISE, FL 33351 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: 01/22/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete FAYNE, STEVEN D PA Name: Name: Address: 8890 W. OAKLAND PARK BLVD, STE 100 Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: Title: (X) Change () Addition () Delete FERNANDEZ, ARMANDO A, PA Name: Name: FERNANDEZ, ARMANDO A, PA Address: 389 W. OAKLAND PARK BLVD. STE 100 Address: 8890 W. OAKLAND PARK BLVD, STE 100 City-St-Zip: SUNRISE, FL 33351 City-St-Zip: SUNRISE, FL 33351 Title: () Delete Title: () Change () Addition KLEINER, HARVEY S PA Name: Name: 8890 W. OAKLAND PARK BLVD, #100

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.

Address:

City-St-Zip:

SIGNATURE: SHAWN BRADLEY 01/22/2009