2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004
Secretary of State

DOCUMENT# L02000019240

Entity Name: BRR PROVIDENCE, L.L.C.

Current Principal Place of Business:

4611 S. UNIVERSITY DRIVE
424
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

4611 S. UNIVERSITY DRIVE
424
DAVIE, FL 33328

New Mailing Address:

FEI Number: 03-0478668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIZVI, IQTIDAR
4611 S. UNIVERSITY DRIVE
424
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: KAZMI, NAYYAR R
Address: 22449 MIDDLETOWN DRIVE
City-St-Zip: BOCA RATON, FL 33428 US

Title: MGRM ( ) Delete
Name: RIZVI, IQTIDAR
Address: 4611 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328

Title: MGRM ( ) Delete
Name: KAZMI, SYED A
Address: 199 LONGLEAF DRIVE
City-St-Zip: BLANDON, PA 19510

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: RIZVI, IKTIDAR
Address: 4611 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: IKTIDAR H. RIZVI MGRM 02/11/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date