


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90239 045 ***138.75

DOCUMENT # L02000025700	
1. Entity Name WEST BROWARD GROUP, L.L.C.	

Principal Place of Business 7751 BROWARD BLVD PLANTATION, FL 33324	Mailing Address 1055 NORTH EAST 125 STREET NORTH MIAMI, FL 33154
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00016806

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 10800 Biscayne Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 600	
City & State		City & State North Miami, FL	
Zip	Country	Zip 33161	Country USA



01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 37-1445347		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MICHAEL I. BERNSTEIN, P.A. 1688 MERIDAIN AVE. SUITE 418 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75	After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEST BROWARD GROUP LLC 7751 BROWARD BLVD PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Annie Maresca **1/15/08** **305-981-8686**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #