

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025700

Entity Name: WEST BROWARD GROUP, L.L.C.

FILED  
Jul 24, 2009  
Secretary of State

## Current Principal Place of Business:

7751 BROWARD BLVD  
PLANTATION, FL 33324

## New Principal Place of Business:

10800 BISCAYNE BLVD  
SUITE 600  
MIAMI, FL 33161

## Current Mailing Address:

10800 BISCAYNE BLVD STE 600  
MIAMI, FL 33161

## New Mailing Address:

FEI Number: 37-1445347      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MICHAEL I. BERNSTEIN, P.A.  
1688 MERIDAIN AVE. SUITE 418  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

STONE, ALLISON L ESQ.  
10800 BISCAYNE BOULEVARD  
SUITE 600  
MIAMI, FL 33161 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: ALLISON L. STONE

07/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WEST BROWARD GROUP LLC  
Address: 7751 BROWARD BLVD  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: STROLLI, ELI  
Address: 10800 BISCAYNE BLVD SUITE 600  
City-St-Zip: MIAMI, FL 33161

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.

SIGNATURE: ELI STROLLI

MGM

07/24/2009

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