

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 07, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L02000033019**

1. Entity Name  
**SAN ANTONIO BROADVIEW OFFICE, L.L.C.**



Principal Place of Business      Mailing Address  
**2021 VALPARAISO BOULEVARD      2021 VALPARAISO BOULEVARD**  
**NORTH FORT MYERS, FL 33917      NORTH FORT MYERS, FL 33917**



04052005No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>43-1985863</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PIPER, THOMAS J  
2021 VALPARAISO BLVD.  
NORTH FORT MYERS, FL 33917**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

1100000292545  
04/07/05-80074-021 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIPER, THOMAS J 2021 VALPARAISO BOULEVARD NORTH FORT MYERS, FL 33917
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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]* 4/5/05 239-731-1549  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #