2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000004963

1. Entity Name BROWARD POINTE, LLC



FILED Apr 03, 2008 8:00 am Secretary of State 04-03-2008 90074 032 ***138.75

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Principal Place of Business 777 EAST SPEER BLVD SUITE 100 DENVER, CO 80203 US			Mailing Address 777 EAST SPEER BLVD SUITE 100 DENVER, CO 80203 US			00019409						
2. Principal Pl	ace of Busin	ness - No P.O. Box#	3. Mailing Address									
Suite, Apt.	ff, etc.		Suite, Apt. #, etc.				03042008	Chg-Ll	.C	CR2E0	83 (12/06	i)
City & State			City & State			4. FEI Numb				1	Applied For Not Applicable	
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	o. Maiiis	and Address of Current R	egistered Agent		Name		7. Hairie air	u Addiess o	I Itan Ita	gistereo	Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331					Street Address (P.O. Box Number is Not Acceptable)							
					City					FL	Zìp Co	ode
	named entit ons of regist	y submits this statement for tered agent.	the purpose of changing its	register	ed office or	register	red agent, or b	oth, in the St	ate of Flor	ida. I am	familiar wit	h, and accept
SIGNATURE	Superior burne	or printed name of registered agent of	net sirle il aposticantala (MAY)	7 December	d Accept seconds	# commen	i when remstating)	 		DATE		
FILE After May	NOW!!! 1, 2008	FEE IS \$138.75 Fee will be \$538.75							Florida	Departn	payable to nent of St	
9.		MANAGING MEMBER	S/MANAGERS	10.		·		ADD	ITIONS/C	CHANGES	3	_
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11. I hereby	certify that th	ne information supplied with	this filing does not qualify for	r the exc	emptions co	ontained	in Chapter 11	, Florida Sta	tutes. I fu	ther certi	fy that the i	nformation

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CICNIAT	URE:
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JRE:
SIGNATURE AND TY/ED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

303-866-0011

Daytena Phone #