


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L03000009140 <b>1. Entity Name</b> SOUTHEAST BROWARD EIRUV FUND, LLC	
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<b>Principal Place of Business</b> 1295 E. HALLANDALE BEACH BLVD. SUITE #4 HALLANDALE BEACH, FL 33009 US	<b>Mailing Address</b> 1295 E. HALLANDALE BEACH BLVD. SUITE #4 HALLANDALE BEACH, FL 33009 US
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02072005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-6695580	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

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

FISHER, ADELE  
7051 SW 6TH STREET  
PEMBROKE PINES, FL 33023

**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**

*Adele Fisher*  
ADELE FISHER

*2/7/05*  
DATE

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

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGRM
<b>NAME</b>	ROBBINS, KATHLEEN M
<b>STREET ADDRESS</b>	1865 S. OCEAN DRIVE
<b>CITY-ST-ZIP</b>	HALLANDALE BEACH, FL 33009
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

1100000224122  
02/10/05-60087-D10 \$5.00

**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:**

*Adele Fisher*  
ADELE FISHER

*2/7/05*  
Date

*954-458-1877*  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE