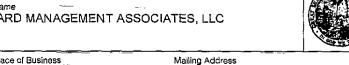
## 2005 LIMITED LIABILITY COMPANY

## ANNUAL REPORT DOCUMENT # L03000014061 1. Entity Name BROWARD MANAGEMENT ASSOCIATES, LLC Principal Place of Business

FILED Mar 14, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

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

9150 SW 87TH AVENUE STE. 205 MIAMI, FL 33176

9150 SW 87TH AVENUE STE. 205 ™MAMI, FL 33176

02242005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-1826560 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MALE, MICHAEL H 3250 MARY STREET STE. 150 MIAMI, FL 33133 .\_\_

SIGNATURE:

## 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			
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE. Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENSTEIN, STEWART A 9150 SW 87TH AVENUE STE. 205 MIAMI, FL 33176		7000000263672 03/14/05-80104-017 50.00
TITLE NAME S <i>TREET ADDRESS</i> CITY-ST-ZIP	MGR SKORIC, PAUL U 9150 SW 87TH AVENUE STE. 205 MIAMI, FL 33176		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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.			