2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2008 8:00 am Secretary of State

DOCUMENT # L03000014061 1. Entity Name BROWARD MANAGEMENT ASSOCIATES, LLC						04-24-200	08 90016 03	34 ***138	.75
Principal Place	e of Business	Mailing Address			1				
9150 SW 87TH AVENUE STE. 205 MIAMI, FL 33176		9150 SW 87TH AVENUE STE. 205 MIAMI, FL 33176		ş" ·					
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04102008	Chg-LLC	CR2E	083 (12/06)	
City & State		City & State		4. FEI Number 59-182			 	plied For t Applicable	
Zip	Country	Zip	Countr	ry	5. Certificate	of Status Desi	red 🔲	\$5.00 Add Fee Required	
	6. Name and Address of Currer	it Registered Agent	I		7. Name and	Address of N	ew Registered		.
				Name Name					
MALE, MICHAEL H 3250 MARY STREET STE. 150			ŀ	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33133	Series.		3760	NE	209	Terra	~	
		•		City C			EI	Zip Çod	θ . σ
O The shows	named entity submits this statement	for the purpose of changing its		N16.	hered	<u> </u>	of Florida, Lom	- 3:	3180
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registere	a onice or registe	red agent, or bo	in, in the State	. / / .	iamiliar with,	and accept
SIGNATURE .	(lus h	- frant				•	4/21/08	•	
	Signature, typed or printed name of registered age						/		
	Signature, types or printed to the string state of ago	nt and tifle if applicable. (NOTE	: Registered	Agent signature required	d when reinstating)		DATE		
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FILE	NOW!!! FEE IS \$138.75 r 1, 2008 Fee will be \$538.7		Registered	Agent signature required	d when reinstating)		Make check p	nent of State	9
FILE After May	NOW!!! FEE IS \$138.75 r 1, 2008 Fee will be \$538.7	75	··	Agent signature required	d when reinstating)		Make check porida Departm	nent of State	Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AUTOPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE