## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

## **DOCUMENT # L03000015173**

1. Entity Name BROEMAN HOLDINGS, LLC



Principal Place of Business

2109 NE 67 ST FORT LAUDERDALE, FL 33308 Mailing Address

6278 N. FEDERAL HIGHWAY PMB 328

FORT LAUDERDALE, FL 33308

## FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90048 009 \*\*\*138.75



04162008 No Chg-LLC

CR2E083 (12/07)

Daytime Phone #

| 4. FEI Number                    |                   | Applied For    |
|----------------------------------|-------------------|----------------|
| 58-2667477                       |                   | Not Applicable |
| 5. Certificate of Status Desired | \$5.00<br>Fee Reg | Additional     |

6. Name and Address of Current Registered Agent

BROEMAN, CHRISTOPHER 2109 NE 67 ST FORT LAUDERDALE, FL 33308

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.   |  |  |       |  |  |
|---|--|--|-------|--|--|
| Lie oulgaions of registered agent.  |  |  |       |  |  |
| SIGNATURE   |  |  |       |  |  |
| - 14  | Signature, typou or princes have or registered agent and use it appraisate.        | (NOTE: Registered Agent signature required when reinstating) | DATE  |  |  |
|   | : NOW!!! FEE IS \$138.75<br>/ 1, 2008 Fee will be \$538.75                         |  |       |  |  |
| 9.  | MANAGING MEMBERS/MANAGERS  |  |       |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MGRM<br>BROEMAN, ROLAND R<br>1100 SE 5TH COURT #40<br>POMPANO BEACH, FL 33060      |  |       |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MGRM<br>BROEMAN, CHRISTOPHER J<br>1100 SE 5TH COURT #40<br>POMPANO BEACH, FL 33060 |  |       |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MGRM<br>BROEMAN, BRYAN R<br>1100 SE 5TH COURT #40<br>POMPANO BEACH, FL 33060       | DO NOT W   | /RITE |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | IN THIS SI   | PACE  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |       |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |       |  |  |
| 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 outh; that I am a managing member or manager of the limited liability company or the peciety or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |  |       |  |  |