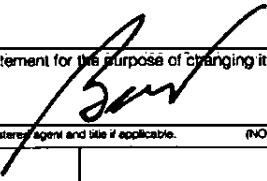
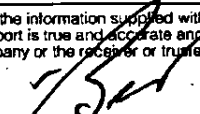


**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

34000022

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |         |  |                                                                                                                                                                                                                 |  |                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|
| <b>DOCUMENT # L03000016237</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |  |                                                                                                                                |  | 01-28-2004 90021 022 ****50.00 |  |
| 1. Entity Name<br>5905 BROADWAY, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |         |  |                                                                                                                                                                                                                 |  |                                |  |
| Principal Place of Business<br>1500 NORTH DIXIE HIGHWAY, SUITE 303<br>WEST PALM BEACH, FL 33401                                                                                                                                                                                                                                                                                                                                                                                                               |  |         |  | Mailing Address<br>1500 NORTH DIXIE HIGHWAY, SUITE 303<br>WEST PALM BEACH, FL 33401                                                                                                                             |  |                                |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |  | 3. Mailing Address                                                                                                                                                                                              |  |                                |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |         |  | Suite, Apt. #, etc.                                                                                                                                                                                             |  |                                |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |         |  | City & State                                                                                                                                                                                                    |  |                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Country |  | Zip                                                                                                                                                                                                             |  | Country                        |  |
| 6. Name and Address of Current Registered Agent<br>SAUERBERG, ERIC M ESQ.<br>200 VILLAGE SQUARE CROSSING, SUITE 102<br>PALM BEACH GARDENS, FL 33410                                                                                                                                                                                                                                                                                                                                                           |  |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Kenneth Beer<br>Street Address (P.O. Box Number is Not Acceptable)<br>1500 North Dixie Highway Suite 303<br>City<br>West Palm Beach FL Zip Code<br>33401 |  |                                |  |
| 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<br><br>Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                              |  |         |  | (NOTE: Registered Agent signature required when reinstating) DATE<br>1/19/04                                                                                                                                    |  |                                |  |
| Filing Fee is \$50.00<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |         |  | Make check payable to<br>Florida Department of State                                                                                                                                                            |  |                                |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |         |  | 10. ADDITIONS/CHANGES                                                                                                                                                                                           |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  |  |                                |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |         |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                                                                    |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  |  |                                |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |         |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                               |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  |  |                                |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |         |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                               |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  |  |                                |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |         |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                               |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  |  |                                |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |         |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                               |  |                                |  |
| 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<br><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                     |  |         |  | Date<br>1/19/04<br>Daytime Phone #                                                                                                                                                                              |  |                                |  |