2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000019991

1. Entity Name
SOUTH FLORIDA BROKERS COUNCIL, LLC

Principal Place of Business	Mailing Address
1767 N. CONGRESS AVENUE BOYNTON BEACH, FL 33426	1767 N. CONGRESS AVENUE BOYNTON BEACH, FL 33426

DO NOT WRITE IN THIS SPACE

02152006No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1191747

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENSON, DINAH
1767 N. CONGRESS AVENUE
BOYNTON BEACH, FL 33426

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000006467151
03/23/06-80033-005 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AMBRIDGE, KATHLEIN H
STREET ADDRESS	1767 N. CONGRESS AVENUE
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	MGRM
NAME	SEAMAN, RICHARD
STREET ADDRESS	4660 W. HILLSBORO BLVD STE 8
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] KATHLEIN AMBRIDGE 3/8/06 561 369 1651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #