


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90029 009 ****50.00

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|--|---|---|--|---|--|
| DOCUMENT # L03000020862 1. Entity Name POINTE BROWARD, LLC | | | |  | |
| Principal Place of Business 7901 SW 6TH CT, STE 150A PLANTATION, FL 33324 | | | Mailing Address 7901 SW 6TH CT, STE 150A PLANTATION, FL 33324 | | |
| 2. Principal Place of Business 8211 W. BROWARD BLVD | | 3. Mailing Address 8211 W. BROWARD BLVD | | | |
| Suite, Apt. #, etc. SUITE PH-2 | | Suite, Apt. #, etc. SUITE PH-2 | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 14-1886514 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GARDNER, PETER C 7901 SW 6TH CT., STE 150 PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8211 W. BROWARD BLVD PH-2 City PLANTATION FL Zip Code 33324 | | |
| 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 <u><i>Peter C. Gardner</i></u> DATE <u>3/13/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GARDNER, FRANK C 7901 SW 6TH CT., STE 150 PLANTATION, FL 33324 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST FITZGERALD, LUCETTE L 7901 SW 6TH CT., STE 150 PLANTATION, FL 33324 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DRISCOLL, W. JOHN FIRST NAT'L BANK BLDG. ST. PAUL, MN | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GARDNER, PETER C 7901 SW 6TH CT., STE 150 PLANTATION, FL 33324 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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: <u><i>Peter C. Gardner</i></u> | | | <u>3/13/06 954 727-9335</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |