


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90122 040 ****50.00

DOCUMENT # L03000027707

1. Entity Name
BROWARD 1, LLC



Principal Place of Business
1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131

Mailing Address
1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131

44063060

2. Principal Place of Business
601 Brickell Key Drive
 Suite, Apt. #, etc.
Suite 604

3. Mailing Address
601 Brickell Key Drive
 Suite, Apt. #, etc.
Suite 604

City & State
Miami, Florida



04082004 Chg-LLC CR2E063 (10/03)

City & State
Miami, Florida

Zip
33131

Country
US

4. FEI Number
68-0562188

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

ALVARO CASTILLO B., P.A.
1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131

6. Certificate of Status Desired **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, 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 *[Signature]* DATE **4-27-04**

Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required - has remaining) DATE

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, GENARO 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sunny Enterprises, LLC 601 Brickell Key Drive, Suite 604 Miami, Florida 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cash One Enterprises, LLC 601 Brickell Key Drive, Suite 604 Miami, Florida 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *[Signature]* Genaro Diaz, Manager Sunny Enterprises LLC (305) 371-5540

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date **4-27-04** Daytime Phone #