


2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000027707	
1. Entity Name BROWARD 1, LLC	

Principal Place of Business 601 BRICKELL KEY DRIVE, STE 604 MIAMI, FL 33131	Mailing Address 601 BRICKELL KEY DRIVE, STE 604 MIAMI, FL 33131
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2. Principal Place of Business 16794 S.W. 88th Street	3. Mailing Address 16794 S.W. 88th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, Florida	City & State Miami, Florida
Zip 33196	Country US
Zip 33196	Country US

6. Name and Address of Current Registered Agent ALVARO CASTILLO B., P.A. 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 adillo S (NOTE: Registered Agent signature required when reinstating) DATE 11-11-04

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME SUNNY ENTERPRISES, LLC STREET ADDRESS 601 BRICKELL KEY DRIVE, STE 604 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE MGR NAME Jeronimo Hirschfeld STREET ADDRESS 16794 S.W. 88th Street CITY-ST-ZIP Miami, Florida 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE MGR NAME CASH ONE ENTERPRISES, LLC STREET ADDRESS 601 BRICKELL KEY DRIVE, STE 604 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" 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
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: Jeronimo Hirschfeld, Mgr 11/11/04 (305) 386-4660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
04 NOV 15 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11112004 Chg-LLC CR2E083 (10/03)

4. FEI Number 58-0562188	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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AMENDED
2004
AR

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11/30/04--01056--007 **50.00