


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L03000027713 1. Entity Name BROWARD 3, LLC |  |
|--|---|

Principal Place of Business
601 BRICKELL KEY DR.
STE. 604
MIAMI, FL 33131

Mailing Address
601 BRICKELL KEY DR.
STE. 604
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



03182005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
68-0562219

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------------------|
| TITLE | MGR |
| NAME | DIAZ, GENARO |
| STREET ADDRESS | 601 BRICKELL KEY DR., STE. 604 |
| CITY-ST-ZIP | MIAMI, FL 33131 |

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| STREET ADDRESS | |
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/8/05

(305) 860-3091

Date

Daytime Phone #