

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030928

FILED  
Feb 24, 2005  
Secretary of State

Entity Name: SOUTH BROWARD RESEARCH, LLC

## Current Principal Place of Business:

1 SW 129TH AVENUE  
109  
PEMBROKE PINES, FL 33027

## New Principal Place of Business:

## Current Mailing Address:

2061 NW 2ND AVENUE  
201  
BOCA RATON, FL 33431

## New Mailing Address:

FEI Number: 11-3704505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DI CAPUA, JOSEPH  
2061 NW 2ND AVENUE  
201  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: BLAZE, KENNETH D.O.  
Address: 1 SW 129TH AVENUE, STE 109  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGR ( ) Delete  
Name: GONZALEZ, MANUEL M.D.  
Address: 1 SW 129TH AVENUE, STE 109  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGR ( ) Delete  
Name: SMETS, MICHAEL M.D.  
Address: 1 SW 129TH AVENUE, STE 109  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGR ( ) Delete  
Name: DI CAPUA, JOSEPH J  
Address: 1 SW 129TH AVENUE, STE 109  
City-St-Zip: PEMBROKE PINES, FL 33027

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSEPH J DI CAPUA

MGR

02/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date