

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030928

Entity Name: SOUTH BROWARD RESEARCH, LLC

FILED  
Jan 17, 2006  
Secretary of State

**Current Principal Place of Business:**

1 SW 129TH AVENUE  
109  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

2061 NW 2ND AVENUE  
201  
BOCA RATON, FL 33431

**Current Mailing Address:**

**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:**

DI CAPUA, JOSEPH  
7800 W OAKLAND PARK BLVD.  
E-214  
SUNRISE, FL 33351 US

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: JOSEPH J. DI CAPUA

01/17/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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 exemption stated in Chapter 119, 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

01/17/2006

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