## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000030928

DI CAPUA, JOSEPH J

1 SW 129TH AVENUE, STE 109

PEMBROKE PINES, FL 33027

Name:

Address:

City-St-Zip:

Entity Name: SOUTH BROWARD RESEARCH, LLC

FILED Feb 02, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	TH AVENUE					
109 PEMBROK	KE PINES, FI	33027				
Current Mailing Address:				New Mailing Address:		
2061 NW 2ND AVENUE						
201 BOCA RA	TON, FL 334	131				
FEI Number:	: 11-3704505	FEI Number	Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
E-214	, JOSEPH AKLAND PAI FL 33351 L					
	named entit e of Florida.	y submits this	statement for the pu	urpose of changing it	ts register	red office or registered agent, or both
SIGNATUR	RE:					
Electronic Signature of Registered Age				ent Date		
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	BLAZE, KENI 1 SW 129TH	( ) Delete NETH D.O. AVENUE, STE 10 PINES, FL 3302		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	GONZALEZ, 1 SW 129TH	( ) Delete MANUEL M.D. AVENUE, STE 10 PINES, FL 3302		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	SMETS, MIC 1 SW 129TH	( ) Delete HAEL M.D. AVENUE, STE 10 PINES, FL 3302		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title:	MGR	( ) Delete		Title:	MGRM	(X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

DI CAPUA, JOSEPH J

1 SW 129TH AVENUE, STE 109

PEMBROKE PINES, FL 33027

SIGNATURE: JOSEPH J DI CAPUA MM/M 02/02/2007