

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000038633

1. Entity Name
BROKERS' FLORIDIAN MORTGAGE, LLC



Principal Place of Business
951 N.E. 167 ST., STE. 204
NORTH MIAMI BEACH, FL 33162

Mailing Address
951 N.E. 167 ST., STE. 204
NORTH MIAMI BEACH, FL 33162



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0438409

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARC A. BEN-EZRA, P.A.
951 N.E. 167 ST., STE. 204
NORTH MIAMI BEACH, FL 33162

**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 *X*

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KATZ, MARVIN
951 N.E. 167 ST., STE. 204
NORTH MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BEN-EZRA, MARC
951 N.E. 167 ST., STE. 204
NORTH MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BEN-EZRA, ISAAC
951 N.E. 167 ST., STE. 204
NORTH MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/24/05-80016-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

MBE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/20/05

Date

Daytime Phone #