

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90068 025 ****50.00

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**

20023702



03242006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business
2901 Stirling Road

3. Mailing Address
2901 Stirling Road

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

City & State
Ft. Lauderdale FL

City & State
Ft. Lauderdale FL

Zip
33312

Country
USA

Zip
33312

Country
USA

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

7. Name and Address of New Registered Agent

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

**2901 Stirling Road
Suite 300
Ft. Lauderdale, FL 33312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/24/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

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** ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**2901 Stirling Road, Suite 300
Ft. Lauderdale FL 33312** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**2901 Stirling Road, Suite 300
Ft. Lauderdale, FL 33312** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**2901 Stirling Road, Suite 300
Ft. Lauderdale, FL 33312** ☒ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] as a managing member

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

3/23/06

Date

35-770-4100x289

Daytime Phone #