


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90002 017 \*\*\*\*50.00

<b>DOCUMENT # L03000040519</b>	
--------------------------------	---

1. Entity Name  
**BROWARD DUE, LLC**

Principal Place of Business <b>6101 BLUE LAGOON DRIVE, SUITE 430 MIAMI, FL 33126</b>	Mailing Address <b>6101 BLUE LAGOON DRIVE, SUITE 430 MIAMI, FL 33126</b>
---	---

**24065734**



04162004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>01-0802335</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent <b>HRMAN, ALIOSN P 2800 PONCE DE LEON BLVD., SUITE 1125 CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b>	
---	--	---	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

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

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>MGR</b>	<b>Roland Bolis</b>	<b>6101 Blue Lagoon Dr #430</b>				
			<b>Miami, FL 33126</b>				
	<b>MGR</b>	<b>Irma D'Arcona</b>	<b>6101 Blue Lagoon Dr #430</b>				
			<b>Miami, FL 33126</b>				

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:**

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

**4-30-04**

Date

**305-262-6226**

Daytime Phone #