

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000040519

1. Entity Name
BROWARD DUE, LLC



Principal Place of Business
**5800 SEMINOLE WAY
HOLLYWOOD, FL 33314**

Mailing Address
**5800 SEMINOLE WAY
HOLLYWOOD, FL 33314 US**



03202007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0802335

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HERMAN, ALISON P
2800 PONCE DE LEON BLVD.
SUITE 1125
CORAL GABLES, FL 33134**

**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 _____

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, 2007**

U000000678871
04/03/07-80016-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POMPIGNOLI, MAXIMO E 3175 NE 184TH STREET #3102 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAPARONI, FABIO R 3175 NE 184TH STREET #3102 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOLIS, ROLAND M 6101 BLUE LAGOON DRIVE SUITE 430 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

MAXIMO POMPIGNOLI

03/20/07

Date

(954) 584-1370

Daytime Phone #