

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040519

Entity Name: BROWARD DUE, LLC

FILED
Apr 03, 2008
Secretary of State

Current Principal Place of Business:

5800 SEMINOLE WAY
HOLLYWOOD, FL 33314

New Principal Place of Business:

Current Mailing Address:

5800 SEMINOLE WAY
HOLLYWOOD, FL 33314 US

New Mailing Address:

FEI Number: 01-0802335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PAPARONI, FABIO R
3175 NE 184TH STREET
3102
AVENTURA, FL 33160 US

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.

SIGNATURE: FABIO R. PAPARONI

04/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POMPIGNOLI, MAXIMO E
Address: 3175 NE 184TH STREET #3102
City-St-Zip: AVENTURA, FL 33160

Title: MGR () Delete
Name: PAPARONI, FABIO R
Address: 3175 NE 184TH STREET #3102
City-St-Zip: AVENTURA, FL 33160

Title: MGR (X) Delete
Name: BOLIS, ROLAND M
Address: 6101 BLUE LAGOON DRIVE SUITE 430
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: FABIO R. PAPARONI

MGR

04/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date