## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED

## FILED May 04, 2004 8:00 am Secretary of State

| DOCUMENT # L-03060040941  1. Entity Name MB BROKEN SOUND PARKWAY, LLC   |                                   |   |  |   |  | 05-04-2004 9002  | 21 002 ****50.00   |  |
|---|-----------------------------------|---|--|---|--|--|--|--|
| Principal Place<br>1096 EAST N<br>DEERFIELD B   | EWPORT CE                         | ENTER DRIVE, SUITE 100  | Mailing Address<br>1096 EAST NEWPORT<br>DEERFIELD BEACH, FL  |   | ITE 100  |  |  |  |
| 2. Principal Place of Business  |                                   | 3. Mailing Address  |  |   |  |  |  |  |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc.   |  |   | 03182004 Chg-LLC C   | R2E083 (10/03)   |  |  |
| City & State  |                                   | City & State  |  |   | 4. FEI Number  | Applied For Not Applicab   |  |  |
| Zip   |                                   | Country   | Zip  | Country   |  | 5. Certificate of Status Desired   | \$5.00 Additional<br>Fee Required  |  |
|   | 6. Name                           | and Address of Current F  | Registered Agent   |   |  | 7. Name and Address of New Regis   | tered Agent  |  |
| ALLEN, LO   | HUSE                              |   | Name Ma  |   | Mal  | loolus Butters   |  |  |
|   |                                   | SLVD., SUITE 1900   |  |   |  | (P.O. Box Number is Not Acceptable)  |  |  |
| FT. LAUDE   |                                   |   | 189  |   | 1040   | 6 E. Newport Center Dr.  |  |  |
|   |                                   |   |  | ——————————————————————————————————————  | #100   | 2  |  |  |
|   |                                   | ~ A   |  | City  | )eer   | field Beach  | FL Zipcode   |  |
|   | named entity<br>ions of regist    |   | the purpose of changing its  | registered office or  | registere  | ed agent, or both, in the State of Florida.  | I am familiar with, and accep  |  |
| SIGNATURE   | Signature, typed                  | or printed name of registered agent ar  | 3. Mailing Address  Suite, Apt. #, etc.  03182004 Chg-LLC CR2E083 (10/03)  City & State  4. FEI Number  VApplied For Not Applicable  Zip  Country  5. Certificate of Status Desired  Fee Required  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Street Address (P, O, Box Number is Not Acceptable)  Street Address (P, O, Box Number is Not Acceptable)  City  Ci |   |  |  |  |  |
| Fil<br>Dı   | ling Fee i<br>ue by May           | s \$50.00<br>y 1, 2004  |  |   |  |  | eck payable to<br>partment of State  |  |
| 9.  |                                   | MANAGING MEMBER   | S/MANAGERS   | 10.   |  | ADDITIONS/CHA  | NOTO   |  |
|   |                                   |   |  |   |  |  | INGES  |  |
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