


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 21, 2004 8:00 am
Secretary of State

05-03-2004 90111 026 ****55.00

DOCUMENT # L03000042373					
1. Entity Name BROADVIEW ENTERPRISES, LLC					
Principal Place of Business 4020 GUINEVERE DR. PENSACOLA FL 32514			Mailing Address 4020 GUINEVERE DR. PENSACOLA FL 32514		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 06-171901	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROADVIEW ENTERPRISES, LLC 4020 GUINEVERE DRIVE PENSACOLA FL 32514				7. Name and Address of New Registered Agent	
				Name Dennis Wooldridge	
				Street Address (P.O. Box Number is Not Acceptable) 4020 Guinevere Dr	
				City Pensacola FL Zip Code 32514	
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 <u><i>Dennis C. Wooldridge</i></u> DATE <u>4/27/04</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOLDRIDGE, DENNIS R 4020 GUINEVERE DR. PENSACOLA FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.					
SIGNATURE: <u><i>Dennis C. Wooldridge</i></u>			Date <u>4/27/04</u> 850 #32937253		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					