

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000006013

1. Entity Name

BROWARD DEVELOPMENT ASSOCIATES L.L.C.



Principal Place of Business

**783 SHOTGUN ROAD
SUNRISE, FL 33326**

Mailing Address

**783 SHOTGUN ROAD
SUNRISE, FL 33326**

DO NOT WRITE IN THIS SPACE



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-1805514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, OSVALDO J
7951 SW 40TH ST SUITE 206
MIAMI, FL 33155**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWARD DEVELOPMENT ASSOCIATES, INC. 783 SHOTGUN ROAD SUNRISE, FL 33326
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01/23/08-80058-023 138.75

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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: Lu

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

Date

Daytime Phone #

01/18/08 954 385 0248