## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000010434

1. Entity Name

BROADWAY ASSOCIATES, L.L.C.



Principal Place of Business

Mailing Address

800 WEST MORSE BOULEVARD, STE 1 WINTER PARK, FL 32789 800 WEST MORSE BOULEVARD, STE 1 WINTER PARK, FL 32789



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-2127288 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOYLE, PATRICK W 800 WEST MORSE BOULEVARD, STE 1 WINTER PARK, FL 32789

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable.	0007.	patr.	
	Signature, typed or printed name of registered agon) and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
FI D	lling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM DOYLE, PATRICK W 800 W MORSE BLVD., STE 1 WINTER PARK, FL 32789		. HOOOGETOOOGE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000583282 01/11/07-80063-023 50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE		Ī		

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 cath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

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

15/07

407.684.980

Daytme Phone #