


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000029557 1. Entity Name BROWARD, L.L.C. |  |
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|---|---|
| Principal Place of Business 15405 DEHAVILLAND COURT WELLINGTON, FL 33414 US | Mailing Address P.O. BOX 540804 LAKE WORTH, FL 33454 US |
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DO NOT WRITE IN THIS SPACE



01242007No Chg-LLC

CR2E083 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 86-1113485 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**MAC MAHON, DERMOT P
1860 FOREST HILL BOULEVARD
NO. 105
WEST PALM BEACH, FL 33406**

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HERRERA, EVELIO P.O. BOX 540804 LAKE WORTH, FL 33454 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HERRERA, MILAGROS P.O. BOX 540804 LAKE WORTH, FL 33454 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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03/21/07-80011-016 50.00

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.

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| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | 3/7/07 <small>Date</small> | (561) 514-1179 <small>Daytime Phone #</small> |
|--|--------------------------------------|---|