

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Mar 23, 2005 8:00 am  
Secretary of State**

03-23-2005 90239 012 \*\*\*\*50.00

DOCUMENT # L04000088567

1. Entity Name  
BROAD STREET LAND, LLC



Principal Place of Business  
359 BROAD AVENUE S  
NAPLES, FL 34102 US

Mailing Address  
359 BROAD AVENUE S  
NAPLES, FL 34102 US



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

65-0204310

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NICI, JAMES R ESQ  
C/O COX & NICI, 1185 IMMOKALEE ROAD  
#110  
NAPLES, FL 34110

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGR  
NAME FRIEDLAND, MARIANNE  
STREET ADDRESS 359 BROAD AVENUE S  
CITY-ST-ZIP NAPLES, FL 34102

Delete

TITLE MGR/P/V/S/T  
NAME FRIEDLAND, MARIANNE  
STREET ADDRESS 359 BROAD AVENUE S  
CITY-ST-ZIP NAPLES, FL 34102

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

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 608, Florida Statutes.

SIGNATURE:

*Marianne Friedland, MGR*

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

Date

Daytime Phone #