

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000093263

Entity Name: BROADVIEW 904, LLC

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

601- II RIVERSIDE AVE.  
SUITE 600  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 40965  
JACKSONVILLE, FL 32203

**New Mailing Address:**

FEI Number: 20-2069927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

VARN, WILLIAM L III  
601- II RIVERSIDE AVE.  
SUITE 600  
JACKSONVILLE, FL 32204 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VARN, WILLIAM L III  
Address: 601- II RIVERSIDE AVE., SUITE 600  
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM L. VARN, III

MGRM

02/10/2012

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date