

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90029 032 ****50.00

DOCUMENT # L05000026472			
1. Entity Name BROWARD DEVELOPMENT III, LLC			
Principal Place of Business 1126 SOUTH FEDERAL HIGHWAY #22 FORT LAUDERDALE, FL 33316-1257		Mailing Address 1126 SOUTH FEDERAL HIGHWAY #22 FORT LAUDERDALE, FL 33316-1257	
2. Principal Place of Business 1126 S FEDERAL HWY Suite, Apt. #, etc.		3. Mailing Address 1126 S FEDERAL HWY Suite, Apt. #, etc.	
City & State FT LAUDERDALE FL		City & State FT LAUDERDALE FL	
Zip 33316-1257		Zip 33316-1257	
Country US		Country US	
4. FEI Number 03132006		Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COKER, RICHARD G JR 1404 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316			
7. Name and Address of New Registered Agent Name: PERRY KRAPE Street Address (P.O. Box Number is Not Acceptable): 1126 S FEDERAL HWY City: FT LAUDERDALE FL Zip Code: 33316			
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)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: KRAPE, PERRY STREET ADDRESS: 1126 SOUTH FEDERAL HIGHWAY #22 CITY-ST-ZIP: FORT LAUDERDALE, FL 333161257 <input checked="" type="checkbox"/> Delete	TITLE: MGR NAME: KRAPE, PERRY STREET ADDRESS: 1126 S FEDERAL HWY CITY-ST-ZIP: FT LAUDERDALE FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		3-14-06 954-494-4444 Date Daytime Phone #	