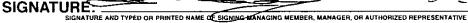
2006 LIMITED LIABILITY COMPANY

Apr 03, 2006 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # L05000027562 1. Entity Name 04-03-2006 90074 016 ****50.00 AMY BROYLES, LLC Principal Place of Business Mailing Address 2850 N. ANDREWS AVE FT. LAUDERDALE FL 33311 2850 N. ANDREWS AVE FT. LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address 2046 NE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Ft. Kauderdake 4. FEI Number 20 0/ City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33304 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZADEN, RICHARD J ESQ. 23850 N. ANDREWS AVE FT. LAUDERDALE FL 33311 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 (NOTE: Registered Agent signature required when revisiting) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. • TITLE ☐ Change TITLE: MGRM Delete ☐ Addition NAME BROYLES, AMY NAME STREET ADDRESS 2850 N. ANDREWS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33311 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SARDUY, JOSEPH E NAME STREET ADDRESS STREET ADDRESS 2850 N. ANDREWS AVE -CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 TITLE Delete TITLE ☐ Change Addition NAME WARDELL, PHILLIP M STREET ADDRESS STREET ADDRESS 2850 N. ANDREWS AVE CITY-ST-ZIP FT. LAUDERDALE FL 33311 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP



CITY-ST-ZIP

FILED