


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000027829 1. Entity Name EAST BROWARD DEVELOPMENT CO., LLC	
--	---

Principal Place of Business 200 N.W. 20TH AVENUE FORT LAUDERDALE, FL 33311	Mailing Address 200 N.W. 20TH AVENUE FORT LAUDERDALE, FL 33311
--	--

DO NOT WRITE IN THIS SPACE



04172007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 06-1743162	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BABBITT, SCOTT ESQ. 800 WEST CYPRESS CREED ROAD STE. 502 FORT LAUDERDALE, FL 33309
--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SINGER, RALPH 200 N.W. 20TH AVENUE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FRIONA, PHILIP 201 NW 20TH AVE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

<p>U00000748680 05/17/07-80074-019 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: <i>✓ Philip Friona / PHILIP FRIONA</i> ✓ 4-27-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>