

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062413

Entity Name: OFF BROADWAY LLC

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

255 NE 2ND AVENUE, STE. #301
DELRAY BEACH, FL 33444

New Principal Place of Business:

124 OVERLEAF DRIVE
THORNDALE, PA 19372

Current Mailing Address:

255 NE 2ND AVENUE, STE. #301
DELRAY BEACH, FL 33444

New Mailing Address:

124 OVERLEAF DRIVE
THORNDALE, PA 19372

FEI Number: 20-3045781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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 () Delete
Name: JOHNSON, STEVE
Address: 350 SE MIZNER BLVD., STE. #1411
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: JOHNSON, SUE
Address: 350 SE MIZNER BLVD., STE. #1411
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, STEVE
Address: 124 OVERLEAF DRIVE
City-St-Zip: THORNDALE, PA 19372

Title: MGRM (X) Change () Addition
Name: JOHNSON, SUE
Address: 124 OVERLEAF DRIVE
City-St-Zip: THORNDALE, PA 19372

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: STEVE JOHNSON

MGRM

04/25/2007

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