

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90073 028 \*\*\*\*50.00

**DOCUMENT # L05000064606**

1. Entity Name  
**BROADWAY FLORIDA ASSOCIATES, LLC**



Principal Place of Business  
**2725 SOMERSET DRIVE  
LAUDERDALE LAKES, FL 33311 US**

Mailing Address  
**2725 SOMERSET DRIVE  
LAUDERDALE LAKES, FL 33311 US**

**20041173**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006 Chg-LLC CR2E083 (11/05)

4. FEI Number

**20-3411849**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name  
**GREGORY J. BLODIG, ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**GREENSPOON MARDER, P.A.**

**100 W. CYPRESS CREEK ROAD, SUITE 700**

City  
**FORT LAUDERDALE**

FL

Zip Code  
**33309**

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)

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
I&E MANAGEMENT CORP.  
2725 SOMERSET DRIVE  
LAUDERDALE LAKES, FL 33311** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
I&E MANAGEMENT CORP.  
2725 SOMERSET DRIVE  
LAUDERDALE LAKES, FL 33311** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

**4/26/06**

**754  
485-0642**