
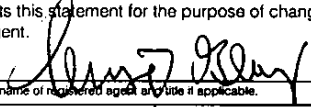
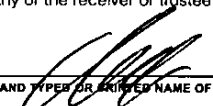


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2006 90073 029 \*\*\*\*50.00

<b>DOCUMENT # L05000067491</b> 1. Entity Name <b>BROADWAY FLORIDA INVESTMENTS, LLC</b>					
Principal Place of Business <b>4630 PINE TREE DR MIAMI BEACH, FL 33140 US</b>			Mailing Address <b>4630 PINE TREE DR MIAMI BEACH, FL 33140 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>GREGORY J. BLODIG, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>GREENSPOON MARDER, P.A.</b> <b>100 W. CYPRESS CREEK ROAD, SUITE 700</b> City <b>FORT LAUDERDALE</b> <b>FL</b> Zip Code <b>33309</b>	
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.</small>				DATE <b>4-18-06</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SLOMOVITZ, ELI</b> <b>4630 PINE TREE DR</b> <b>MIAMI BEACH, FL 33140</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM I&amp;E MANAGEMENT CORP.</b> <b>2725 SOMERSET DRIVE</b> <b>LAUDERDALE LAKES, FL 33311</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KAHN, IRVING</b> <b>4630 PINE TREE DR</b> <b>MIAMI BEACH, FL 33140</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input 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	
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	
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	
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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>7/26/06</b>	
				Daytime Phone # <b>954 785-0642</b>	