

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90209 001 \*\*\*\*50.00

DOCUMENT # L05000067491

1. Entity Name

BROADWAY FLORIDA INVESTMENTS, LLC



Principal Place of Business

4630 PINE TREE DR  
MIAMI BEACH FL 33140  
US

Mailing Address

4630 PINE TREE DR  
MIAMI BEACH FL 33140  
US



2. Principal Place of Business - No P.O. Box #

2725 Somerset Dr  
Suite, Apt. #, etc.

3. Mailing Address

2725 Somerset Dr  
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Lauderdale Lakes FL  
Zip 33311 Country

City & State

Lauderdale Lakes FL  
Zip 33311 Country

4. FEI Number

20-3552876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ  
GREENSPOON MARDER, P.A.  
100 WEST CYPRESS CREEK RD SUITE 700  
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME I&E MANAGEMENT CORP.  
STREET ADDRESS 2725 SOMERSET DR  
CITY ST ZIP LAUDERDALE LAKES FL 33311

TITLE MGRM ☐ Delete  
NAME KAHN, IRVING  
STREET ADDRESS 4630 PINE TREE DR  
CITY ST ZIP MIAMI BEACH FL 33140

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/13/07 954 485 0642  
Date Daytime Phone #