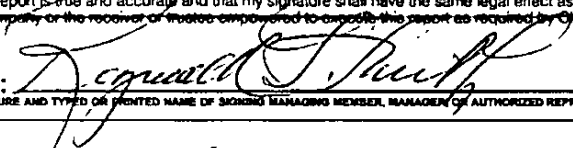


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-03-2006 90027 017 ****55.00

DOCUMENT # L05000067679					
1. Entity Name WEST BROWARD CDC, LLC.					
Principal Place of Business 1050 NW 43 AVENUE PLANTATION, FL 33313 US			Mailing Address 1050 NW 43 AVENUE PLANTATION, FL 33313 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				04252008 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEWIS, JAMES U 1050 NW 43 AVENUE PLANTATION, FL 33313				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 _____ (NOTE: Registered Agent signature required when reappointing) 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 LEWIS, JAMES U 1050 NW 43 AVENUE PLANTATION, FL 33313	☒ Keep	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Church of God of West Broward, Inc 1850 NW 43rd Avenue Plantation FL 33313	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIDSON, DALE 1050 NW 43 AVENUE PLANTATION, FL 33313	☒ Keep	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, CAROL 1050 NW 43 AVENUE PLANTATION, FL 33313	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, REGINALD G 1050 NW 43 AVENUE PLANTATION, FL 33313	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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 606, Florida Statutes.					
SIGNATURE: 				Date: 6/24/06 Daytime Phone: 445-9980	