2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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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	Mailing Address
1050 NW 43 AVENUE PLANTATION, FL 33313 US	1050 NW 43 AVENUE PLANTATION, FL 33313 US

300170000

04252006 Chg-LLC CR2E083 (11/05)

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 ☑ Applied For ☐ Not Applicable

5. ~~Certificate of Status Desired~~ ☒ **$5.00** Additional Fee Required

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	☒ ~~Delete~~ Keep	TITLE / NAME / ~~STREET ADDRESS~~ / CITY-ST-ZIP	MGRM Church Of God Of West Broward, Inc 1050 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	☒ ~~Delete~~ Keep	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGRM~~ 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	MGRM 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 608, Florida Statutes.~~

SIGNATURE: D. Reginald T. Rice 4/24/06 954 445-9980
~~SIGNATURE AND TYPED OR PRINTED NAME OF~~ MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #