
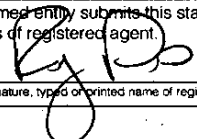
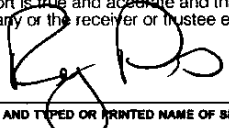


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90030 047 \*\*\*138.75

<b>DOCUMENT # L05000090163</b>					
<b>1. Entity Name</b> BROADWAY PARTNERS, LLC					
<b>Principal Place of Business</b> 8 BROADWAY STE 218 KISSIMMEE, FL 34741			<b>Mailing Address</b> 8 BROADWAY STE 218 KISSIMMEE, FL 34741		
<b>2. Principal Place of Business - No P.O. Box #</b> 202 Broadway Suite, Apt. #, etc.		<b>3. Mailing Address</b> 202 Broadway Suite, Apt. #, etc.			
<b>City &amp; State</b> KISSIMMEE, FLORIDA Zip 34741 Country US		<b>City &amp; State</b> KISSIMMEE, FLORIDA Zip 34741 Country US		<b>4. FEI Number</b> 56-2530513	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> PARSONS, RAY 8 BROADWAY STE 218 KISSIMMEE, FL 34741			<b>7. Name and Address of New Registered Agent</b> Name: Ray Parsons Street Address (P.O. Box Number is Not Acceptable): 202 BROADWAY City: KISSIMMEE FL Zip Code: 34741		
<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.</b> SIGNATURE:  DATE: 4.18.08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARSONS, RAY 8 BROADWAY, STE 218 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	202 BROADWAY KISSIMMEE FL 34741	<input checked="" 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
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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
<b>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:  DATE: 4.18.08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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04042008 Chg-LLC CR2E083 (12/06)