

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000014780

1. Entity Name  
BROADWAY FLORIDA FG, LLC



Principal Place of Business  
2725 SOMERSET DRIVE  
LAUDERDALE LAKES, FL 33311 US

Mailing Address  
2725 SOMERSET DRIVE  
LAUDERDALE LAKES, FL 33311 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10302007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-4474085

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  
100 W. CYPRESS CREEK ROAD, 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 reinstating)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete  
NAME KAHN, IRVING  
STREET ADDRESS 2725 SOMERSET DRIVE  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33311

TITLE MGRM ☒ Delete  
NAME SLOMOVITS, ELI  
STREET ADDRESS 2725 SOMERSET DRIVE  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33311

TITLE MGR ☐ Delete  
NAME I&E MANAGEMENT CORP.  
STREET ADDRESS 2725 SOMERSET DRIVE  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33311

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 100111584991  
CITY-ST-ZIP 11/01/07--01040--003 \*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 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:

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

12/30/06

Daytime Phone #

954-485-0642

FILED

07 NOV -5 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

