

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005028

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: NEW BROAD STREET MANAGEMENT, LLC

## Current Principal Place of Business:

420 S ORANGE AVE, STE 400  
ORLANDO, FL 32801 US

## New Principal Place of Business:

420 S ORANGE AVE  
STE 400  
ORLANDO, FL 32801 US

## Current Mailing Address:

420 S ORANGE AVE, STE 400  
ORLANDO, FL 32801 US

## New Mailing Address:

420 S ORANGE AVE  
STE 400  
ORLANDO, FL 32801 US

FEI Number: 06-1805881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PACE, DAVID G  
420 S ORANGE AVE, STE 400  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

PACE, DAVID G  
420 S ORANGE AVE  
STE 400  
ORLANDO, FL 32801 US

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.

SIGNATURE:

03/17/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRP ( ) Delete  
Name: PACE, DAVID G  
Address: 4776 NEW BROAD STREET, SUITE 110  
City-St-Zip: ORLANDO, FL 32814 US

Title: VP ( ) Delete  
Name: CLASSE, JOHN H JR  
Address: 4776 NEW BROAD STREET SUITE 110  
City-St-Zip: ORLANDO, FL 32814 US

Title: S ( ) Delete  
Name: PITT, LAWRENCE B  
Address: 4776 NEW BROAD STREET SUITE 110  
City-St-Zip: ORLANDO, FL 32814 US

Title: T (X) Delete  
Name: THOMAS, SHARON L  
Address: 4776 NEW BROAD STREET SUITE 110  
City-St-Zip: ORLANDO, FL 32814 US

## ADDITIONS/CHANGES:

Title: MGRP (X) Change ( ) Addition  
Name: PACE, DAVID G  
Address: 420 S ORANGE AVE STE 400  
City-St-Zip: ORLANDO, FL 32801 US

Title: VP (X) Change ( ) Addition  
Name: LITTLE, H. SCOTT  
Address: 420 S ORANGE AVE STE 400  
City-St-Zip: ORLANDO, FL 32801 US

Title: ST (X) Change ( ) Addition  
Name: PITT, LAWRENCE B  
Address: 420 S ORANGE AVE STE 400  
City-St-Zip: ORLANDO, FL 32801 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID G. PACE

MGR

03/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date