

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113192

**FILED**  
**Feb 01, 2008**  
**Secretary of State**

**Entity Name:** BROWARD OFFICES MANAGEMENT LLC

**Current Principal Place of Business:**

18851 N.E. 29TH AVENUE, SUITE 105  
AVENTURA, FL 33180

**New Principal Place of Business:**

1200 BRICKELL AVE  
1950  
MIAMI, FL 33131

**Current Mailing Address:**

18851 N.E. 29TH AVENUE, SUITE 105  
AVENTURA, FL 33180

**New Mailing Address:**

1200 BRICKELL AVE  
1950  
MIAMI, FL 33131

**FEI Number:** 26-1879353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LORENZINO, JUAN P  
18851 N.E. 29TH AVENUE, SUITE 105  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: BARREIRO, PABLO G  
Address: 18851 NE 29TH AVE SUITE 105  
City-St-Zip: AVENTURA, FL 33180

Title: MR. ( ) Change (X) Addition  
Name: LORENZINO, JUAN P  
Address: 18851 NE 29TH AVE SUITE 105  
City-St-Zip: AVENTURA, FL 33180

Title: MR. ( ) Change (X) Addition  
Name: STEED, SANTIAGO M  
Address: 1200 BRICKELL AVE SUITE 1950  
City-St-Zip: MIAMI, FL 33131

Title: MR. ( ) Change (X) Addition  
Name: PETRI, GUILLERMO  
Address: 1390 BRICKELL AVE SUITE 200  
City-St-Zip: MIAMI, FL 33131

Title: MR. ( ) Change (X) Addition  
Name: CAPDEVILLE, XAVIER  
Address: 1132 KANE CONCOURSE 2ND FLOOR  
City-St-Zip: MIAMI, FL 33154

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: PABLO G. BARREIRO

MR

02/01/2008

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