
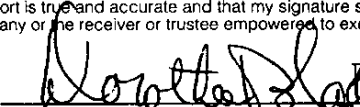


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90029 039 \*\*\*138.75

|  |  |         |  |  |  |
|--|--|---------|--|--|--|
| <b>DOCUMENT # L07000126112</b><br>1. Entity Name<br><b>841 BROADWAY LLC</b>  |  |         |  |   |  |
| Principal Place of Business<br><b>899 JEFFERY STREET, APARTMENT 314<br/>BOCA RATON, FL 33487</b>   |  |         | Mailing Address<br><b>899 JEFFERY STREET, APARTMENT 314<br/>BOCA RATON, FL 33487</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |
| City & State   |  |         | City & State   |  |  |
| Zip  |  | Country |  | Zip  |  |
| Country  |  | Country |  | 4. FEI Number<br><b>26-1627412</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |         |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>BLATT, DOROTHEA<br/>899 JEFFERY STREET, APARTMENT 314<br/>BOCA RATON, FL 33487</b>   |  |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |         |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |         |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| 9. MANAGING MEMBERS / MANAGERS   |  |         | 10. ADDITIONS / CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br><b>BLATT, DOROTHEA</b><br><b>899 JEFFERY STREET, APARTMENT 314</b><br><b>BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |         |  |  |  |
| <b>SIGNATURE:</b>  <b>Dorothea Blatt, Manager</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |         |  |  |  |
| <small>Date</small>  |  |         |  | <small>Daytime Phone #</small>   |  |