

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000001656

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** THE CORNER POCKET OF BROWARD, L.L.C.

**Current Principal Place of Business:**

518 E. OAKLAND PARK BLVD.  
WILTON MANORS, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

518 E. OAKLAND PARK BLVD.  
WILTON MANORS, FL 33334

**New Mailing Address:**

**FEI Number:** 27-1623953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, JEREMY A ESQ.  
C/O COHEN & OWENS, P.A.  
3801 HOLLYWOOD BLVD., SUITE 200  
HOLLYWOOD, FL 33021 US

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

SCHWARTZ, JEROME L  
6610 N UNIVERSITY DRIVE  
STE 250  
TAMARAC, FL 33321 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: JEROME SCHWARTZ

01/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BRADY, HOWARD  
Address: 518 E. OAKLAND PARK BLVD.  
City-St-Zip: WILTON MANORS, FL 33334

Title: MGR  
Name: FOSTER, GROVER  
Address: 518 E. OAKLAND PARK BLVD.  
City-St-Zip: WILTON MANORS, FL 33334

I hereby 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: HOWARD BRADY

MGR

01/25/2011

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