

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000001805

1. Entity Name  
C.P.-200-300 W. BROWARD, LLC



Principal Place of Business  
250 WEST COURT STREET, SUITE 200-E  
CINCINNATI, OH 45202

Mailing Address  
250 WEST COURT STREET, SUITE 200-E  
CINCINNATI, OH 45202



04302004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3698779

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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 CORPORATION SERVICE COMPANY

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/04

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
CHAVEZ, MANUEL  
250 WEST COURT STREET, SUITE 200-E  
CINCINNATI, OH 45202

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
CHAVEZ, ROBERT  
250 WEST COURT STREET, SUITE 200-E  
CINCINNATI, OH 45202

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
CHAVEZ, MARTIN A  
250 WEST COURT STREET, SUITE 200-E  
CINCINNATI, OH 45202

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000149792  
05/03/04-80200-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

4/30/04

Date

513-241-0429

Daytime Phone #