2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90039 030 ****50.00

DOCUMENT # M03000003153

1. Entity Name
BROADSPAN SECURITIES LLC

Principal Place of Business	Mailing Address
2121 PONE DE LEON BLVD., STE. 1210 CORAL GABLES, FL 33134	2121 PONE DE LEON BLVD., STE. 1210 CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
1401 BRICKELL AVE	1401 BRICKELL AVE
Suite, Apt. #, etc.: 930	Suite, Apt. #, etc.: 930
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33131 Country:	Zip: 33131 Country:

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 75-3124661 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GERRARD, MICHAEL L ~~2121~~ PONE DE LEON BLVD., STE. 1210 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable): 1401 BRICKELL AVE SUITE 930 City: MIAMI **FL** Zip Code: 33131

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: MICHAEL L. GERRARD, MRG 4-27-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ANDRADE, FELIPE N.P. 2121 PONE DE LEON BLVD., STE. 1210 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHIOSSONE, ORLANDO A 2121 PONE DE LEON BLVD., STE. 1210 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1401 Brickell Ave Suite 930 Miami FL 33131	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GERRARD, MICHAEL L 2121 PONE DE LEON BLVD., STE. 1210 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SEINER, DANIEL 2121 PONE DE LEON BLVD., STE. 1210 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DAVIS, TIMOTHY W 2121 PONE DE LEON BLVD., STE. 1210 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1401 Brickell Ave Suite 930 Miami FL 33131	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR VALDES-FAULI, GONZALO 2121 PONE DE LEON BLVD., STE. 1210 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: MICHAEL L. GERRARD 4/27/05 305-424-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #