

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000003153

1. Entity Name
BROADSPAN SECURITIES LLC



Principal Place of Business

**1401 BRICKELL AVENUE
SUITE 930
MIAMI, FL 33131 US**

Mailing Address

**1401 BRICKELL AVENUE
SUITE 930
MIAMI, FL 33131 US**

DO NOT WRITE IN THIS SPACE



01062006No Chg-LLC

CR2E083 (11/05)

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

**GERRARD, MICHAEL L
1401 BRICKELL AVENUE
SUITE 930
MIAMI, FL 33131**

**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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ANDRADE, FELIPE N.P.
1401 BRICKELL AVENUE SUITE 930
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CHIOSSONE, ORLANDO A
1401 BRICKELL AVENUE SUITE 930
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GERRARD, MICHAEL L
1401 BRICKELL AVENUE SUITE 930
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SEINER, DANIEL
1401 BRICKELL AVENUE SUITE 930
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DAVIS, TIMOTHY W
1401 BRICKELL AVENUE SUITE 930
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VALDES-FAULI, GONZALO
1401 BRICKELL AVENUE SUITE 930
MIAMI, FL 33131**

000000567841
07/05/06-80002-019 50.00

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/3/06 305-424-3400