

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY -5 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE
\$ 203.75
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # M96000000386

SUPERBROWARD, L.L.C.
C/O CORPORATION SERVICE COMPANY
1013 CENTRE ROAD
WILMINGTON DE 19805

1a. Principal Place of Business Address

C/O CORPORATION SERVICE COMPA
1013 CENTRE ROAD
WILMINGTON DE 19805

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

10/07/1996

DE

4. FEI Number

☐ Applied For

☐ Not Applicable

68-0388236

5. Date of Last Report

6. Certificate of Status Desired

☐ Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

CORPORATION SERVICE, COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____

DATE _____

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM ECENDALE ASSOCIATES, I 2190 MERIDIAN PARK BLVD., CONCORD CA

300002176473--0
-05/13/97--01061--006
****203.75 ****203.75

JB59-97

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

Ecendale Associates, Inc.

By: Kathryn Ecenbarger
Name in Print: KATHRYN Ecenbarger

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date 2/7/97 Daytime Phone # _____