

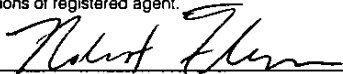
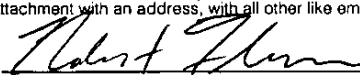


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000010611 1. Entity Name FIRST SERVE BROWARD, INC.						FILED 07 MAY 23 AM 9:34 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1101 BAYVIEW DRIVE GEORGE ENGLISH TENNIS CENTER FT. LAUDERDALE, FL 33304				Mailing Address 1101 BAYVIEW DRIVE GEORGE ENGLISH TENNIS CENTER FT. LAUDERDALE, FL 33304			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	05112007 Chg-NP CR2E037 (12/06)		4. FEI Number 20-1861650	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent MURPHY, WHITNEY 2912 NE 21 TERRACE FT. LAUDERDALE, FL 33306				7. Name and Address of New Registered Agent Name Robert Flader Street Address (P.O. Box Number is Not Acceptable) 3042 N Federal Highway Suite 301 City Ft. Lauderdale FL Zip Code 33306			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 5/14/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, WHITNEY 2912 NE 21 TERRACE FT. LAUDERDALE, FL 33306	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Robert Flader 3042 N Federal Highway, Suite 301 Ft. Lauderdale, FL 33306		
<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony Gentile 841 Oleander St Boca Raton, FL 33486		
<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUCHHOLZ, EARL H III 2733 NE 35 DRIVE FORT LAUDERDALE, FL 33308		
<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 600103893306 06/05/07--01010--016 **\$61.25		
<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 59-1 H. B. Buchholz III 4520 Northeast 35 Drive Ft. Lauderdale, FL 33308		
<input type="checkbox"/> Change <input type="checkbox"/> Addition				6/1			
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 5/14/07 <small>Daytime Phone #</small>			