


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000027068  
 1. Entity Name  
 BRODECON, L.L.C.



Principal Place of Business      Mailing Address  
 ONE S.E. THIRD AVE, STE 2250      ONE S.E. THIRD AVE, STE 2250  
 MIAMI, FL 33131      MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**



04192005No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
 33-1076543      Not Applicable

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

6. Name and Address of Current Registered Agent  
 AMKGS REGISTERED AGENTS, INC.  
 2250 SUNTRUST INTERNATIONAL CENTER  
 ONE S.E. THIRD AVE.  
 MIAMI, FL 33131

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRONS, ARMANDO ONE SE THIRD AVE., #2250 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRONS, JUAN P ONE SE THIRD AVE., #2250 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 05/04/05-80042-021 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:       4-29-05      305-372-5520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #