

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017662

**FILED**  
**Apr 12, 2005**  
**Secretary of State**

**Entity Name:** BROWN HOLDINGS TOO, LLC

**Current Principal Place of Business:**

10102 SW 60TH AVE  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 565606  
MIAMI, FL 33156

**New Mailing Address:**

PO BOX 565606  
MIAMI, FL 33256

**FEI Number:** 20-0746230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, WILLIAM T III  
10102 SW 60TH AVE  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: PD ( ) Delete  
Name: BROWN, WILLIAM III  
Address: 10102 SW 60 AVE  
City-St-Zip: MIAMI, FL 33159

Title: VP ( ) Delete  
Name: BROWN, CAURA  
Address: 10102 SW 60 AVE  
City-St-Zip: MIAMI, FL 33159

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BROWN, WILLIAM III  
Address: 10102 SW 60 AVE  
City-St-Zip: MIAMI, FL 33159

Title: MGR (X) Change ( ) Addition  
Name: BROWN, CAURA  
Address: 10102 SW 60 AVE  
City-St-Zip: MIAMI, FL 33159

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM T. BROWN III

MGR

04/12/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date