

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90007 024 ****50.00

DOCUMENT # L02000024139

1. Entity Name
 BRW, LLC



Principal Place of Business
 777 S HARBOUR ISLAND BLVD, SUITE 360
 TAMPA FL 33602

Mailing Address
 777 S HARBOUR ISLAND BLVD, SUITE 360
 TAMPA FL 33602

20002827



DO NOT WRITE IN THIS SPACE

01122005No Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1647703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRONSON, MICHAEL
 777 S. HARBOUR ISLAND BLVD., SUITE 360
 TAMPA, FL 33602

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTER, ROBERT A 777 S. HARBOUR ISLAND BLVD. #360 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRONSON, MICHAEL 777 S. HARBOUR ISLAND BLVD. #360 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REIBER, TYLER P.O. BOX 272046 TAMPA, FL 33688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

11. I 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 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: Robert A. Walk 1/12/05 813-221-9782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 228