
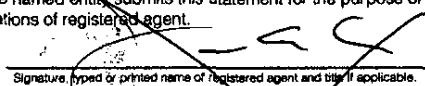



**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90188 019 \*\*\*\*50.00

<b>DOCUMENT # L03000004849</b>			
1. Entity Name <b>B &amp; R ENTERPRISES, L.L.C.</b>			
Principal Place of Business 4400 PGA BLVD., SUITE 201 PALM BEACH GARDENS, FL 33410		Mailing Address 4400 PGA BLVD., SUITE 201 PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business 9002 SE Bridge Road		3. Mailing Address 9002 SE Bridge Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hobe Sound, FL		City & State Hobe Sound, FL	
Zip 33455		Country USA	
Zip 33455		Country USA	
4. FEI Number <b>02-0675110</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COX, JACK S ESQ. 4400 PGA BLVD., SUITE 201 PALM BEACH GARDENS, FL 33410		Name Cox, Jack S. Esq.	
		Street Address (P.O. Box Number is Not Acceptable) 9002 SE Bridge Road	
		City Hobe Sound	
		FL Zip Code 33455	
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 		DATE 4/1/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		MGR L.M. BRADLEY 2543 MONACO TERRACE PALM BEACH GARDENS FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		L.M. BRADLEY	
		Date 4-12-04	
		Daytime Phone # 1-561-656-2904	