


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90045 009 ****50.00

DOCUMENT # L04000012355

1. Entity Name
BRAND EQUITY, LLC



Principal Place of Business Mailing Address
1145 NORTHEAST 12TH AVENUE **1145 NORTHEAST 12TH AVENUE**
FORT LAUDERDALE, FL 33304 US **FORT LAUDERDALE, FL 33304 US**

2. Principal Place of Business 3. Mailing Address
SAME / Unchanged **PO BOX 4323**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



04052006 Chg-LLC CR2E083 (11/05)

City & State City & State
FORT LAUDERDALE, FL

Zip Country Zip Country
33338 **USA**

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent
BURGER, JASON B
1145 NORTHEAST 12TH AVENUE
FORT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent
 Name **Unchanged**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 **JASON B BURGER** DATE **4-5-06**

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	BURGER, JASON B	1145 NORTHEAST 12TH AVENUE	FORT LAUDERDALE, FL 33304	<input type="checkbox"/>
MGR	GLEASON, ROBERT F	1145 NORTHEAST 12TH AVENUE	FORT LAUDERDALE, FL 33304	<input type="checkbox"/>
	Unchanged			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 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: **JASON B BURGER** Date **4-5-06** Daytime Phone # **954-214-9818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE