


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000051081 1. Entity Name BRYSON DRIVE, LLC	
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Principal Place of Business 5515 BRYSON DRIVE, SUITE 501 NAPLES, FL 34109	Mailing Address 5515 BRYSON DRIVE, SUITE 501 NAPLES, FL 34109
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DO NOT WRITE IN THIS SPACE



01122006No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-1404067	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

NOVATT, JEFF M ESQ.
C/O CHEFFY, PASSIDOMO, ET AL
825 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOROLEVICH, ROBERT M M.D. 5515 BRYSON DRIVE, SUITE 501 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLOPS, MICHAEL R M.D. 5515 BRYSON DRIVE, SUITE 501 NAPLES, FL 34109
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05/06/06-80039-021 50.00

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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:  Date: 4-21-06 Daytime Phone #: 239 593-0086

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