

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

4/1

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90023 005 \*\*\*\*50.00

**DOCUMENT # L05000030208**

1. Entity Name  
**BROWN REALTY LLC**



Principal Place of Business  
 399 N. CYPRESS DRIVE  
 TEQUESTA, FL 33469

Mailing Address  
 399 N. CYPRESS DRIVE  
 TEQUESTA, FL 33469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**72-1597167**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, JAMES P**  
**399 N. CYPRESS DRIVE**  
**TEQUESTA, FL 33469**

Name  
 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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P**  Delete  
 NAME **BROWN, JAMES P**  
 STREET ADDRESS **399 N. CYPRESS DRIVE**  
 CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST**  Delete  
 NAME **BROWN, NANCY M**  
 STREET ADDRESS **399 N. CYPRESS DRIVE**  
 CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

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TITLE  Change  Addition  
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TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **JAMES P. BROWN** 4/14/06 (772) 485-9639  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #