



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90050 011 ****50.00

DOCUMENT # L05000056703			
1. Entity Name BRYTON PROPERTIES, LLC			
Principal Place of Business 6650 N FEDERAL HIGHWAY 240 FORT LAUDERDALE, FL 33308 US		Mailing Address 6650 N FEDERAL HIGHWAY 240 FORT LAUDERDALE, FL 33308 US	
2. Principal Place of Business - No P.O. Box # 6550 N. Federal Hwy Suite, Apt. #, etc. Suite 240		3. Mailing Address 6550 N. Federal Hwy Suite, Apt. #, etc. Suite 240	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33308		Country USA	
4. FEI Number 01292007		Chg-LLC	
5. Certificate of Status Desired		CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BRYAN, JAMES W 6650 N FEDERAL HIGHWAY 240 FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6550 N. Federal Highway Suite 240 City Fort Lauderdale FL Zip Code 33308	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRYAN, JAMES W 6650 N FEDERAL HIGHWAY, #240 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bryan, James W. 6550 N. Federal Highway, #240 Fort Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRYAN, DENISE B 6650 N FEDERAL HIGHWAY, #240 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bryan, Denise B. 6550 N. Federal Highway, #240 Fort Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEXTON, DAVID W JR 6899 SW 50TH STREET DAVIE, FL 33314 <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	MGR SEXTON, ANTONIA M 6899 SW 50TH STREET DAVIE, FL 33314 <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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		JAMES W. BRYAN 1/30/07 (954) 772-7655	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	