

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90075 016 ***138.75

DOCUMENT # L05000056703

1. Entity Name
BRYTON PROPERTIES, LLC



Principal Place of Business
6550 N FEDERAL HIGHWAY
SUITE 240
FORT LAUDERDALE, FL 33308 US

Mailing Address
6550 N FEDERAL HIGHWAY
SUITE 240
FORT LAUDERDALE, FL 33308 US

60010861



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01302008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number
20-2960819

Applied For
 Not Applicable

Zip Country

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

BRYAN, JAMES W
6550 N FEDERAL HIGHWAY
SUITE 240
FORT LAUDERDALE, FL 33308

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
MGR	BRYAN, JAMES W	6550 N. FEDERAL HIGHWAY #240	FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
MGR	BRYAN, DENISE B	6550 N. FEDERAL HIGHWAY, #240	FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
MGR	SEXTON, DAVID W JR	8899 SW 50TH STREET	DAVIE, FL 33314	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
MGR	SEXTON, ANTONIA M	8899 SW 50TH STREET	DAVIE, FL 33314	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **JAMES W BRYAN** **2/25/08** **(954) 772-7655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #