

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90147 004 ****50.00

DOCUMENT # L05000069186

1. Entity Name

BRIX INVESTMENTS, LLC



Principal Place of Business

**1103 S. E. LAKEVIEW DRIVE
SEBRING FL 33870**

Mailing Address

**1103 S. E. LAKEVIEW DRIVE
SEBRING FL 33870**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-3146642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROOKER, LELAND III
1103 S. E. LAKEVIEW DRIVE
SEBRING FL 33870**

7. Name and Address of New Registered Agent

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, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reestablishing)

1/31/06
DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **STEPHENS, MARION E IV**
CITY-ST-ZIP **1103 S. E. LAKEVIEW DRIVE
SEBRING FL 33870**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **STEPHENS, MARION E V**
CITY-ST-ZIP **1103 S. E. LAKEVIEW DRIVE
SEBRING FL 33870**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **KOPPEIN, THOMAS**
CITY-ST-ZIP **1103 S. E. LAKEVIEW DRIVE
SEBRING FL 33870**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **BROOKER, LELAND III**
CITY-ST-ZIP **1103 S. E. LAKEVIEW DRIVE
SEBRING FL 33870**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **B & L CATTLE COMPANY, LLC**
CITY-ST-ZIP **1103 S. E. LAKEVIEW DRIVE
SEBRING FL 33870**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **LAURENT, GEORGE**
CITY-ST-ZIP **1103 S. E. LAKEVIEW DRIVE
SEBRING FL 33870**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME **MGRM**
STREET ADDRESS **DAVID LEE STEPHENS**
CITY-ST-ZIP **1103 SE LAKEVIEW DRIVE
SEBRING FL 33870**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 Section 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:

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

1/31/06
Date

863 381-2467
Daytime Phone #