


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L05000069186	
1. Entity Name BRIX INVESTMENTS, LLC	

Principal Place of Business 1531 LAKEVIEW DR SEBRING, FL 33870	Mailing Address 1531 LAKEVIEW DR SEBRING, FL 33870
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DO NOT WRITE IN THIS SPACE



02272008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3146642	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BROOKER, LELAND III 1531 LAKEVIEW DR SEBRING, FL 33870

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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: *L. Stephens* DATE: 2/27/08

Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000845354
 03/13/08-80036-010 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHENS, DAVID L 1531 LAKEVIEW DR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHENS, MARION E IV 1531 LAKEVIEW DR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOPPEIN, THOMAS 1531 LAKEVIEW DR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKER, LELAND III 1531 LAKEVIEW DR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM B & L CATTLE COMPANY, LLC 1531 LAKEVIEW DR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAURENT, GEORGE 1531 LAKEVIEW DR SEBRING, FL 33870

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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: *L. Stephens* _____

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

Date _____ Daytime Phone # _____