

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085927

**FILED**  
**Jul 11, 2006**  
**Secretary of State**

**Entity Name:** B E S T REALTY AND DESIGN GROUP LLC

**Current Principal Place of Business:**

400 FOREST LAKE DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 FOREST LAKE DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

**FEI Number:**  **FEI Number Applied For (X)**  **FEI Number Not Applicable ( )**  **Certificate of Status Desired ( )**   
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BRANCH, ROBERT  
1028 N US 1  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

2020 FINANCIAL ADVISERS, LLC  
345 CLYDE MORRIS BLVD  
SUITE 460  
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: ROBERT BRANCH, CHFC, CFP

07/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SWOFFORD, ROBERT  
Address: 400 FOREST LAKE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM ( ) Delete  
Name: SWOFFORD, SHARON  
Address: 400 FOREST LAKE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM ( ) Delete  
Name: TRANTER, WENDY  
Address: 400 FOREST LAKE DR  
City-St-Zip: ATLAMONTE SPRINGS, FL 32714 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT G. SWOFFORD, JR

MRGM

07/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date