


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90038 011 ****50.00

DOCUMENT # L06000121232 1. Entity Name BUILDING AND REPAIR MANAGEMENT, LLC	
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Principal Place of Business JORDAN L. WALLACH, ESQ. 1800 SECOND STREET, STE. 900 SARASOTA FL 34236	Mailing Address JORDAN L. WALLACH, ESQ. 1800 SECOND STREET, STE. 900 SARASOTA FL 34236
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2. Principal Place of Business - No P.O. Box # 4106 Central Sarasota Pkwy. Suite, Apt. #, etc. Unit 1013	3. Mailing Address 4106 Central Sarasota Pkwy. Suite, Apt. #, etc. Unit 1013
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1st MOORE CR2E083 (10/06)

City & State Sarasota, FL	City & State Sarasota, FL		
Zip 34238	Country USA	Zip 34238	Country USA

4. FEI Number	Applied For <input checked="checked" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WALLACH, JORDAN L ESQ. 1800 SECOND STREET, STE. 900 SARASOTA FL 34236		7. Name and Address of New Registered Agent Name Ray W. Simmers Street Address (P.O. Box Number is Not Acceptable) 4106 Central Sarasota Pkwy. Unit 1013 City Sarasota
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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: *Ray W. Simmers* DATE: 3-20-07
(NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS / MANAGERS		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM SIMMERS, RAY 1800 SECOND STREET, STE. 900 SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="checked" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	4106 Central Sarasota Pkwy. Unit 1013 Sarasota, FL 34238
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"/> Change <input type="checkbox"/> Addition
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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 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: *Ray W. Simmers* Date: _____ Daytime Phone # _____

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