LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 25, 2006 8:00 am
Secretary of State
01-25-2006 90050 042 ****50.00

DOCUMENT # L98 000002017

1. Entity Name
Brunner Family Ents, LLC

DO NOT WRITE IN THIS SPACE

20002846

CR2E083B (8/05)

2. Principal Place of Business	3. Mailing Address
Naples, Florida Suite, Apt. #, etc.	11596 Quail Village Way Suite, Apt. #, etc.
City & State: Naples, Florida	City & State: Naples Florida
Zip: 34119 Country: Collier	Zip: 34119 Country: Collier

4. FEI Number 52-2129735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: R. Gordon Brunner

Street Address (P.O. Box Number is Not Acceptable): 11596 Quail Village Way

City: Naples **FL** Zip Code: 34119

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.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: R. Gordon Brunner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #