

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000002464					
1. Entity Name S & D BROOKS, L.C.					
Principal Place of Business 2000 DIANA DR #110 HALLANDALE FL 33009			Mailing Address 2000 DIANA DR #110 HALLANDALE FL 33009		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FCI Number 65-0919161	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FABRIKANT, MICHAEL R 2130 NORTH 52ND AVENUE HOLLYWOOD FL 33021				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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Add
NAME	BROOKS, SIDNEY J		NAME		
STREET ADDRESS	2000 DIANA DR #110		STREET ADDRESS		
CITY - ST - ZIP	HALLANDALE FL 33009		CITY - ST - ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Add
NAME	BROOKS, DONNA L		NAME		
STREET ADDRESS	2000 DIANA DR. #110		STREET ADDRESS		
CITY - ST - ZIP	HALLANDALE FL 33009		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: DONNA L BROOKS *Donna L. Brooks* 4/22/06