


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L03000011237 1. Entity Name BRINGTON, LLC |  |
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|---|---|
| Principal Place of Business 4655 80TH ST N SAINT PETERSBURG, FL 33709 | Mailing Address PO BOX 18152 CLEARWATER, FL 33762 |
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DO NOT WRITE IN THIS SPACE



04142005No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 32-0070402 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fees Required |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent KNIGHT, CAROLE 4149 E FT APACHE DUNNELLON, FL 34434 | DO NOT WRITE IN THIS SPACE |
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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 CAROLE KNIGHT *Carole Knight* 04-15-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DOBCZYK, THOMAS PO BOX 18152 CLEARWATER, FL 33762 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KNIGHT, CAROLE 4149 E FT APACHE DUNNELLON, FL 34434 |
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04/18/05-80131-006 50.00

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: *Thomas Dobczyk* 04-15-2005 1-813-298-2396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #