


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90049 023 ****50.00

DOCUMENT # L02000000480 1. Entity Name RICHARD-BRANDON RESERVE, LLC	
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Principal Place of Business 1501 SUNSET DR., 2ND FLOOR CORAL GABLES, FL 33143	Mailing Address 1501 SUNSET DR., 2ND FLOOR CORAL GABLES, FL 33143
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2. Principal Place of Business 7301 SW 57th Suite, Apt. #, etc. # 440 City & State South Miami - FL Zip 33143 Country USA	3. Mailing Address 7301 SW 57th Suite, Apt. #, etc. # 440 City & State South Miami - FL Zip 33143 Country
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01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number 80-0010215	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MATTAWAY, L. RICHARD 1501 SUNSET DR., 2ND FLOOR CORAL GABLES, FL 33143	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7301 SW 57th Suite # 440 City South Miami FL Zip Code 33143
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM, THE RICHARD BRANDON CO. 1501 SUNSET DR 2ND FLR CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7301 SW 57th, Suite # 440 South Miami - FL 33143 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 Chapter 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:

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

Date

Daytime Phone #

[Signature]

4/17/06

305-662-1421

L.R. Mattaway