

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90020 015 ****50.00

DOCUMENT # L00000002970

1. Entity Name
BRUNER BROS., LLC



Principal Place of Business
**875 S.E. MONTEREY COMMONS BLVD.
STUART, FL 34996**

Mailing Address
**875 S.E. MONTEREY COMMONS BLVD.
STUART, FL 34996**

20022186



03232006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3636869

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FOX, M. LANNING
1100 SOUTH FEDERAL HIGHWAY
STUART, FL 34994**

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IN THIS SPACE**

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) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BRUNER, JAMES K
STREET ADDRESS	19 RIVERVIEW DRIVE
CITY-ST-ZIP	STUART, FL 34996
TITLE	MGR
NAME	BRUNER, JEFFREY C
STREET ADDRESS	282 SE HARBOR POINT DRIVE
CITY-ST-ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *James K. Bruner*
James K. Bruner

3.26.06

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

Date

Daytime Phone #