


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000002970</b> 1. Entity Name <b>BRUNER BROS., LLC</b>	
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Principal Place of Business <b>875 S.E. MONTEREY COMMONS BLVD. STUART, FL 34996</b>	Mailing Address <b>875 S.E. MONTEREY COMMONS BLVD. STUART, FL 34996</b>
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**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>59-3636869</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FOX, M. LANNING  
3473 SE WILLOUGHBY BLVD  
STUART, FL 34994**

**DO NOT WRITE  
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BRUNER, JAMES K 19 RIVERVIEW DRIVE STUART, FL 34996</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BRUNER, JEFFREY C 282 SE HARBOR POINT DRIVE STUART, FL 34996</b>
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U000000706309  
04/24/07-80021-019 50.00

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 L Bruner, MGR* **4.9.07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #