2004 LIMITED LIABILITY COMPANY

FILED May 04, 2004 08:00 AM Secretary of State

ANNUAL REPORT	_	
DOCLIMENT #1 0000004312		6

1. Enlity Name BRYAN MANAGEMENT, L.L.C.

Principal Place of Business

232 SABINE DRIVE PENSACOLA BEACH, FL 32561 Mailing Address

JRE: HULL B. SUNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

232 SABINE DRIVE PENSACOLA BEACH, FL 32561



DO NOT WRITE IN THIS SPACE

01212004 No Chg-LLC CR2E083 (10/03)

4. FEI Number	 Applied Far
59-3659502	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYAN, NELLIE BOMAR 232 SABINE DRIVE PENSACOLA BEACH, FL 32561

DO NOT WRITE IN THIS SPACE

0004

Date

850932-6038

Daytime Phone #

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_	Signalure, typed or printed name of registered agent and title if applicable (NOTE Registered	Agent signalure required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2004					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRYAN, NELLIE BOMAR 232 SABINE DRIVE PENSACOLA BEACH, FL 32561	U00000155350 95/95/94-80033-017 50.0 0			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filling 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.					