


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000012192	
1. Entity Name BRISCO LLC	

Principal Place of Business 105 OCEAN'S EDGE DRIVE PONTE VEDRA BEACH, FL 32082	Mailing Address 105 OCEAN'S EDGE DRIVE PONTE VEDRA BEACH, FL 32082
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**DO NOT WRITE IN THIS SPACE**



04302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3674523	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  FAIRBANKS, RANDAL C 217 PONTE VEDRA PARK DRIVE, SUITE 200 PONTE VEDRA BEACH, FL 32082
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reconstituting)

**Filing Fee is \$50.00 Due by May 1, 2004**

U00000152778  
05/04/04-80099-017 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PERRY, JOHN 105 OCEAN'S EDGE DRIVE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PERRY, BARBARA 105 OCEAN'S EDGE DRIVE PONTE VEDRA BEACH, FL 32082
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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:** *John Perry* 4/29/04 (904) 285-2755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #