

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000004680

1. Entity Name
B.R.W. REAL ESTATE, L.L.C.



FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90044 042 ****50.00

Principal Place of Business

925 WILLISTON PK. PT.
SUITE 1001
APOPKA, FL 32703

Mailing Address

925 WILLISTON PK. PT.
SUITE 1001
APOPKA, FL 32703

2. Principal Place of Business

925 WILLISTON PK. PT.

Suite, Apt. #, etc.

1001

City & State

LAKE MARY FL

Zip

32746

Country

US

3. Mailing Address

925 WILLISTON PK. PT.

Suite, Apt. #, etc.

1001

City & State

LAKE MARY, FL

Zip

32746

Country

US

04222004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

30-0023635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANCH, MICHAEL E.
925 WILLISTON PK. PT.
SUITE 1001
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name BRANCH, MICHAEL E.

Street Address (P.O.-Box Number is Not Acceptable)

925 WILLISTON PK PT

#1001

City

LAKE MARY

FL

Zip Code

32746

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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE VP
NAME ROTH, WALTER E III
STREET ADDRESS 1403 MEDICAL PLAZA DR # 100
CITY-ST-ZIP SANFORD, FL 32771 ☐ Delete

TITLE ST
NAME WATSON, CINDY
STREET ADDRESS 1403 MEDICAL PLAZA DR # 100
CITY-ST-ZIP SANFORD, FL 32771 ☐ Delete

TITLE P
NAME BRANCH, MICHAEL E
STREET ADDRESS 925 WILLISTON PARK-PT. #1001
CITY-ST-ZIP APOPKA, FL 32703 ☐ Delete

TITLE V
NAME ROTH, WALTER E
STREET ADDRESS 925 WILLISTON PK. PT. #1001
CITY-ST-ZIP APOPKA, FL 32703 ☒ Delete

TITLE ST
NAME WATSON, LINDY
STREET ADDRESS 925 WILLISTON PK PT. #1001
CITY-ST-ZIP LAKE MARY, FL 32703 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE VP
NAME ROTH, WALTER E. III ☒ Change ☐ Addition
STREET ADDRESS 925 WILLISTON PK PT #1001
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ST
NAME WATSON, CINDY ☒ Change ☐ Addition
STREET ADDRESS 925 WILLISTON PK PT #1001
CITY-ST-ZIP LAKE MARY FL 32746

TITLE P
NAME BRANCH, MICHAEL E. ☒ Change ☐ Addition
STREET ADDRESS 925 WILLISTON PK PT #1001
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE V
NAME ~~ROTH, WALTER E.~~ ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

4-23-04

Date

407-804-8795

Daytime Phone #