2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000004680

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

Principal Place of Business	Mailing Address
925 WILLISTON PK. PT. SUITE 1001 LAKE MARY, FL 32746	925 WILLISTON PK. PT. SUITE 1001 LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE

04052006No Chg-LLC CR2E083 (11/05)

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
LAKE MARY, FL 32746

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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 reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	VP
NAME	ROTH, WALTER E III
STREET ADDRESS	925 WILLISTON PK. PT.
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	ST
NAME	WATSON, CINDY
STREET ADDRESS	925 WILLISTON PK. PT.
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	P
NAME	BRANCH, MICHAEL E
STREET ADDRESS	925 WILLISTON PARK PT. #1001
CITY-ST-ZIP	LAKE MARY, FL 32746
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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04/25/06-80027-003 50.00

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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: [signature] MICHAEL BRANCH 4/3/06 407 821-8755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #