

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000004680**

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



**Principal Place of Business**

**925 WILLISTON PK. PT.**  
**SUITE 1001**  
**LAKE MARY, FL 32746**

**Mailing Address**

**925 WILLISTON PK. PT.**  
**SUITE 1001**  
**LAKE MARY, FL 32746**



**04112007No Chg-LLC**

**CR2E083 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**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**

**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 re-registering)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**000000723511**  
**05/02/07-80074-005 50.00**

**9. MANAGING MEMBERS/MANAGERS**

|                       |                                     |
|-----------------------|-------------------------------------|
| <b>TITLE</b>          | <b>VP</b>                           |
| <b>NAME</b>           | <b>ROTH, WALTER E III</b>           |
| <b>STREET ADDRESS</b> | <b>925 WILLISTON PK. PT.</b>        |
| <b>CITY-STATE-ZIP</b> | <b>LAKE MARY, FL 32746</b>          |
| <b>TITLE</b>          | <b>ST</b>                           |
| <b>NAME</b>           | <b>WATSON, CINDY</b>                |
| <b>STREET ADDRESS</b> | <b>925 WILLISTON PK. PT.</b>        |
| <b>CITY-STATE-ZIP</b> | <b>LAKE MARY, FL 32746</b>          |
| <b>TITLE</b>          | <b>P</b>                            |
| <b>NAME</b>           | <b>BRANCH, MICHAEL E</b>            |
| <b>STREET ADDRESS</b> | <b>925 WILLISTON PARK PT. #1001</b> |
| <b>CITY-STATE-ZIP</b> | <b>LAKE MARY, FL 32746</b>          |
| <b>TITLE</b>          |                                     |
| <b>NAME</b>           |                                     |
| <b>STREET ADDRESS</b> |                                     |
| <b>CITY-STATE-ZIP</b> |                                     |
| <b>TITLE</b>          |                                     |
| <b>NAME</b>           |                                     |
| <b>STREET ADDRESS</b> |                                     |
| <b>CITY-STATE-ZIP</b> |                                     |

**DO NOT WRITE**  
**IN THIS SPACE**

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

Date

Daytime Phone #

**407-804-8795**