


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 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
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DO NOT WRITE IN THIS SPACE



01032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 30-0023635	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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROTH, WALTER E III 925 WILLISTON PK. PT. LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WATSON, CINDY 925 WILLISTON PK. PT. LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANCH, MICHAEL E 925 WILLISTON PARK PT. #1001 LAKE MARY, FL 32746
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05/20/08-80036-006-138.75

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: *Michael E. Branch Pres.* *4-16-08* *402-8048285*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #