


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 22, 2007 08:00 AM  
Secretary of State

<b>DOCUMENT #</b> L01000006667	
<b>1. Entity Name</b> BROCK AND BROCK, LLC	

<b>Principal Place of Business</b> 100 W WEATHERBEE RD ORLANDO, FL 32800	<b>Mailing Address</b> 2925 SHINGLE CREEK CT. KISSIMMEE, FL 34746
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01202007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3716059	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  BROCK, JOHNNY M 2925 SHINGLE CREEK CT. KISSIMMEE, FL 34746
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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR BROCK, JOHNNY M 2925 SHINGLE CREEK CT. KISSIMMEE, FL 34746
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR BROCK, CARL THOMAS 1733 RUSTON LANE KISSIMMEE, FL 34746
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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01/22/07-80065-021 50.00

**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 #** \_\_\_\_\_