

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000008660**

1. Entity Name  
**BREWSTER PROPERTIES, LLC**



Principal Place of Business  
**26003 W. US HWY 27  
HIGH SPRINGS, FL 32643**

Mailing Address  
**16314 NW PEGGY ROAD  
ALACHUA, FL 32615**

**DO NOT WRITE IN THIS SPACE**



02012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**58-2674374**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BREWSTER, JAMES A  
16314 NW PEGGY ROAD  
ALACHUA, FL 32615**

**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]*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**03/16/2007**

DATE

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

000000671776  
03/28/07-80042-018 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BREWSTER, JAMES A
STREET ADDRESS	16314 NW PEGGY ROAD
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	MGR
NAME	BREWSTER, LORI J
STREET ADDRESS	16314 NW PEGGY RD.
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

**02/01/07**

Date

**386-454-0520**

Daytime Phone #