

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 21, 2008 08:00 AM  
Secretary of State

DOCUMENT # L01000009315

1. Entity Name  
BRW DEVELOPMENT, L.L.C.



Principal Place of Business  
130 S. GERONIMO ST., STE. 5  
DESTIN, FL 32550

Mailing Address  
P.O. BOX 6397  
DESTIN, FL 32550



01302008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3729988

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

SHORES, TIMM  
130 S. GERONIMO ST  
SUITE 5  
DESTIN, FL 32550

**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 reinstating)

DATE

05/09/08 00001 025 138.75

**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  
MGR  
SHORES, TIMM  
159 CALHOUN AVE.  
DESTIN, FL 32541

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WILKERSON, DEAN  
4093 INDIAN TRAIL  
DESTIN, FL 32541

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4/18/08

Date

Deputy State \*