2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L01000014675 1. Entity Name BROOKCOURT, L.L.C.



FILED Feb 28, 2005 08:00 AM Secretary of State

Principal Place of Business 803 N. CALHOUN ST TALLAHASSEE, FL 32303 Mailing Address 803 N. CALHOUN ST TALLAHASSEE, FL 32303



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02012005No Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number 65-6381338 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MACK, THEODORE E 803 N. CALHOUN TALLAHASSEE, FL 32303

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	above named entity submits this statement for the purpose of cha bligations of registered agent.	anging its registered office or registered agent, or both, in the SI	ate of Florida. I am familiar with, and accept
SIGNATI	URE		
	Signature, typed or printed name of registered agent and talk if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR	-	
MAME	MACK, THEODORE E		

803 N. CALHOUN STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 MGR HINSON, JERRY W NAME STREET ADDRESS 803 N. CALHOUN ST TALLAHASSEE, FL 32303. CITY-ST-7IP TITLE JANSENIUS, ANNETTE B NAME 803 N. CALHOUN ST. STREET ADDRESS TALLAHASSEE, FL 32303 CITY-ST-ZIP MGRM NAME PALM BAY, LLC STREET ADDRESS 803 N. CALHOUN ST. CITY-ST-7IP TALLAHASSEE, FL 32303 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

000000247119 04/01/US-80009-015 50.00

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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Jerry Hinson, Manager

SIGNATURE: WSO. NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPE

02/15/2005 850-638-4654

Oata

Caytima Phone #