


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

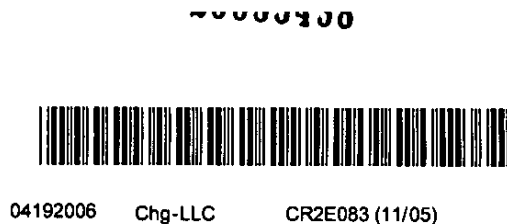
FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90020 029 ****50.00

DOCUMENT # L01000014902	
1. Entity Name BRENTWOOD BOOKKEEPING, LLC	

Principal Place of Business 15 CIRCLE CREEK WAY ORMOND BEACH, FL 32174	Mailing Address P.O. BOX 731054 ORMOND BEACH, FL 32173-1054
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2. Principal Place of Business 555 W. Granada Blvd	3. Mailing Address Same
Suite, Apt. #, etc. Ste D8	Suite, Apt. #, etc.
City & State Ormond Beach, FL	City & State
Zip 32174	Country



6. Name and Address of Current Registered Agent SMITH, CHARLOTTE J 15 CIRCLE CREEK WAY ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name Smith, Charlotte J. Street Address (P.O. Box Number is Not Acceptable) 555 W. Granada Blvd, Ste D8 City Ormond Beach FL Zip Code 32174	
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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, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, CHARLOTTE J 15 CIRCLE CREEK WAY ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Smith, Charlotte J. 555 W. Granada Blvd Ste D8 Ormond Beach, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Charlotte J. Smith **4/24/06 (386) 405-5297**

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