

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017654

Entity Name: BRANDON BROWN P.L.

FILED  
Feb 13, 2008  
Secretary of State

## Current Principal Place of Business:

9045 LA FONTANA BLVD.  
SUITE 101  
BOCA RATON, FL 33434 US

## Current Mailing Address:

9045 LA FONTANA BLVD.  
SUITE 101  
BOCA RATON, FL 33434 US

## New Principal Place of Business:

124 N. NOVA ROAD.  
PMB 136  
ORMOND BEACH, FL 32174 US

## New Mailing Address:

124 N. NOVA ROAD  
PMB 136  
ORMOND BEACH, FL 32174 US

FEI Number: 59-3754877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRANDON-BROWN, ELIZABETH A  
9045 LA FONTANA BLVD.  
SUITE 101  
BOCA RATON, FL 33434 US

## Name and Address of New Registered Agent:

BRANDON-BROWN, ELIZABETH A  
124 N. NOVA ROAD  
PMB 136  
ORMOND BEACH, FL 32174 US

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.

SIGNATURE:

02/13/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BRANDON-BROWN, ELIZABETH A  
Address: 9045 LA FONTANA BLVD., SUITE 101  
City-St-Zip: BOCA RATON, FL 33434 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BRANDON-BROWN, ELIZABETH A  
Address: 124 N. NOVA ROAD PMB 136  
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELIZABETH A. BRANDON-BROWN

MGR

02/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date