


**LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90424 001 \*\*\*150.00

DOCUMENT # L01000018821

1. Entity Name  
E.W. BRYANT ASSOCIATES, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1882 CAPITAL CR. NE  
Suite, Apt. #, etc. # 105  
City & State Tallahassee, FL  
Zip 32308 Country USA

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip 32308 Country USA

**30007320**

CR2E083B (8/05)

4. FEL Number 59-3753191 Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent  
Name Elaine W. Bryant  
Street Address (P.O. Box Number is Not Acceptable)  
2715 Charleston St  
City Tallahassee FL Zip Code 32309

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>M.D.R.M.</u> <u>Elaine W. Bryant</u> <u>2715 Charleston St</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>1882 Capital Cr. NE</u> <u># 105</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: [Signature] May 1, 2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #