2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019367

Entity Name: BRANCH PROPERTY GROUP, LLC

FILED May 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

938 CANALVIEW BLVD. PORT ORANGE, FL 32129

Current Mailing Address: New Mailing Address:

345 CLYDE MORRIS BLVD STE 460 ORMOND BEACH, FL 32174

FEI Number: 50-0002863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

E ROBERT BRANCH III, CHFC, CFP® E ROBERT BRANCH III, CHFC, CFP® 1028 NORTH US HIGHWAY 1 345 CLYDE MORRIS BLVD

ORMOND BEACH, FL 32174 US 460 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: E. ROBERT BRANCH III, CHFC, CFP 05/04/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 BRANCH, JR, ELMER R
 Name:

 Address:
 938 CANALVIEW BVLD
 Address:

 City-St-Zip:
 PORT ORANGE, FL 32129
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 BRANCH, III, ELMER R CFP®
 Name:

 Address:
 6123 SABAL POINT CIRCLE
 Address:

 City-St-Zip:
 PORT ORANGE, F 32128
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 BRANCH, JUSTIN M
 Name:
 BRANCH, JUSTIN M

 Address:
 305 SAGEWOOD DRIVE
 Address:
 1718 DESTINO COURT

 City-St-Zip:
 PORT ORANGE, FL 32127
 City-St-Zip:
 PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the 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: E. ROBERT BRANCH III, CHFC, CFP MRGM 05/04/2006