

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019367

FILED
Jan 11, 2007
Secretary of State

Entity Name: BRANCH PROPERTY GROUP, LLC

Current Principal Place of Business:

938 CANALVIEW BLVD.
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

345 CLYDE MORRIS BLVD STE 460
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 50-0002863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

E ROBERT BRANCH III, CHFC, CFP®
345 CLYDE MORRIS BLVD
460
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRANCH, JR, ELMER R
Address: 938 CANALVIEW BLVD
City-St-Zip: PORT ORANGE, FL 32129

Title: MGRM () Delete
Name: BRANCH, III, ELMER R CFP®
Address: 6123 SABAL POINT CIRCLE
City-St-Zip: PORT ORANGE, F 32128

Title: MGRM () Delete
Name: BRANCH, JUSTIN M
Address: 1718 DESTINO COURT
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELMER R. BRANCH III

MGRM

01/11/2007

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