


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90213 035 ****50.00

DOCUMENT # L01000020577	
1. Entity Name BROOKS LANDING, LLC	

Principal Place of Business 3606 ENTERPRISE AVE. NAPLES, FL 34104	Mailing Address 3606 ENTERPRISE AVE. NAPLES, FL 34104
--	--

2. Principal Place of Business 1250 TAMiami TRAIL N Suite, Apt. #, etc. # 304 City & State NAPLES FLORIDA Zip 34102 Country Collier	3. Mailing Address P.O. Box 8537 Suite, Apt. #, etc. City & State NAPLES FLORIDA Zip 34101 Country Collier
---	---

70000116



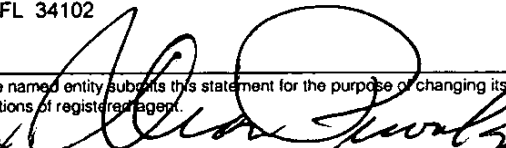
04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0534468	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
--

6. Name and Address of Current Registered Agent NOVATT, JEFF M ESQ. CHEFFY, PASSIDOMO, WILSON & JOHNSON LLP 821 FIFTH AVE. SOUTH, STE. 201 NAPLES, FL 34102
--

7. Name and Address of New Registered Agent Name COMMERCIAL MANAGEMENT of Naples, Inc Street Address (P.O. Box Number is Not Acceptable) 1250 TAMiami TRAIL NORTH Unit # 304 City NAPLES FL Zip Code 34102

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:  Signature, typed or printed name of registered agent and title if applicable. (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
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARBER, DONALD R 3606 ENTERPRISE AVE. NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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
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

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	239-435-9797 Date Daytime Phone #
--	---