2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State
07-05-2005 90095 006 ****50.00

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1. Entity Name
BRANDEVELOPERS FLORIDA, LLC

Principal Place of Business	Mailing Address
8600 PENSACOLA BLVD PENSACOLA, FL 32514 US	5 COUNTRY CLUB ROAD SHALIMAR, FL 32579 US

DO NOT WRITE IN THIS SPACE

06282005No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3759111

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRANDON, WILLIAM
5 COUNTRY CLUB ROAD
SHALIMAR, FL 32579

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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 the date of signing — NOTE: Registered agent's signature required for filing — DATE

Filing Fee is $50.00
Due by September 7, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BRANDON, WILLIAM
STREET ADDRESS	5 COUNTRY CLUB ROAD
CITY-ST-ZIP	SHALIMAR, FL 325791605
TITLE	MGRM
NAME	BRANDON, PATRICIA
STREET ADDRESS	5 COUNTRY CLUB ROAD
CITY-ST-ZIP	SHALIMAR, FL 325791605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 registered trustee/registered agent authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #