2004 LIMITED LIABILITY COMPANY ANNUAL REPORT 09-14-2004 90067 017 ****50.00 DOCUMENT # L02000006911 Entity Name SROWN & ASSOCIATES, L.L.C. Mailing Address 23 E VIRGINIA ST. ALLAHASSEE, FL 32301 Intropial Place of Business Mailing Address 23 E VIRGINIA ST. ALLAHASSEE, FL 32301 Intropial Place of Business suite, Apt. #, etc. O9102004 Chg-LLC CR2E083 (10/03) City & State Country State Country State Country Zip Country State Country State City & State State State State State State State State State	4. -			يو. مو	FILED Sep 14, 2004 8:00 am Secretary of State	
DOCUMENT # L02000006911 Lowing as appoint as appoint and approximation of the property of the	20	004 LIMITED LIA ANNUAI	BILITY CON REPORT	IPANY		
22.5 EVRICINA ST.: 22.5 EVRICINA ST.: ALLAHASSEE, FL 3201 22.0 III.AHASSEE, FL 3201 Principal Place of Brainess 8. Mailing Addross Sulle, Apr. 4, and: Sulle, Apr. 4, and. D9 102004 ChgLC CR26083 (19703) City A State - - B0 102004 ChgLC CR26083 (19703) City A State - - - B0 0000 St 1974 - - 20 Coursey - Coursey - Coursey - Coursey - - Coursey Coursey - Coursey - Coursey - Coursey - Coursey - Coursey Coursey Cou	DOCU	MENT # L02000006			24085229	
Suite AOI 4, etc. Suite ADI 4, etc. 09102004 Ong-LLC CR2E0B3 (19/03) City & State Lity & State Lity & State Lity Applied For Zg Country Zp Control SS.000 SY 82 (Lity) Lity Applied For Zg Country Zp Control S. Contribute Desired SS.000 Actional Fee Regulated For Zg Country Zp Country S. Contribute Desired SS.000 Actional Fee Regulated For 3ROWN, DEVERON LESO Name Name Streat Address (P.O. Bio Number is Not Acceptable) ALLAMASSEE, F. L. 32308 City File Address (P.O. Bio Number is Not Acceptable) Only File Zp Code Name The above named antity submer for the purpose of changing its registered office or registered agent, or both with and accept technique agent. International file State Orig Titue frage is \$50.00 Fordida Department of State Name Brown State Control in infrage Registered Agent International file State Name Name Brown State Control in infrage Registered Agent International file State International file State In enditigation of Registered Agent Internatinter Registered Agent	23 E VIRGI	NIA ST. 🔅	223 E VIRGINIA ST.	301		
City & State City & FL Zity Code City FL Zity Code FL FL FL Zity Code FL FL FL Zity Code FL FL FL FL FL FL Zit	Principal F	Place of Business	3. Mailing Address			
Exp Country Zp Country Source St 18 y	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		09102004 Chg-LLC CR2E083 (10/03)	
Comparison of unable of control of the Registered Agent Contro of the Registered Agent Contro of the Registered Agent Con	City & Stat	te	City & State			
PROVIND DEVERON LESQ. PSTOR Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Cry Fill address (P.O. Box Number is Not Acceptable) Cry Fill address (P.O. Box Number is Not Acceptable) Cry Fill address (P.O. Box Number is Not Acceptable) Cry Fill address (P.O. Box Number is Not Acceptable) Cry Fill address (P.O. Box Number is Not Acceptable) Cry Fill address (P.O. Box Number is Not Acceptable) Cry Fill address (P.O. Box Number is Not Acceptable) Cry Fill address (P.O. Box Number is Not Acceptable) Cry Fill address (P.O. Box Number is Not Acceptable) Num Make Chock payable to Fill address (P.O. Box Number is Not Acceptable) Num Address (P.O. Box Number is Number is Not Acceptable) Num Address (P.O. Box Number is Number	Zip	· · · · · · · · · · · · · · · · · · ·		Country	Fee Required	
555 DELANY ROAD, #1913 ALLAHASSEE, FL 32308 City FL City FL The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. CRATURE			Registered Agent	Name		
The above named analy 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. or both, in the State of Florida. I am familiar with, and accept agent or print ame of registered agent. (In the State of Florida. I am familiar with, and accept agent or print ame of registered agent. (In the State of Florida. I am familiar with, and accept agent or print ame of registered agent. (In the State of Florida. I am familiar with, and accept agent or print ame of registered agent accept agent or print ame of registered agent. (In the State of Florida Department of State of Change Addition Meet Addition	BROWN, DEVERON L ESQ. 1555 DELANY ROAD, #1814 TALLAHASSEE, FL 32308				Street Address (P.O. Box Number is Not Acceptable)	
The above nemed entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the official registered agont. IGNATURE Sequence gets or sendence were of registered agent and till of adortable POTE Regulated Agent equated were remaining DATE Fing Fee is \$50.00 Marke check payable to Florida Department of State MANAGINA MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITIL MGRM BROWN, DEVERON L ESQ. Marke check payable to Florida Department of State Change Addition Met Addition Met Addition Met Addition Met Addition Met Addition This: P Dete This Dete This: P Dete This Dete This: P D		с		City	Fi Zip Code	
			or the purpose of changing its	s registered office or		
Spears noted printed unite of registrate agents and UR 1 september Agent sequels required when registrate required when remaining in the information agents and UR 1 september 2004 Date Filling Fee is \$50.00 Makko check paysable to Florida Department of State NLE MARAGING MEMBERS / MANAGERS 10. NME BROWN, DEVERON LESO. Detels INF. TOPES TALL AHASSEE, FL 32308 ITTLE INF. TOPES Onry ST-2P MARAGING MEMBERS / MANAGERS INF. RET ADDRSS Detels TITLE INF. ST-2P TALLAHASSEE, FL 32308 Onry ST-2P INF. ST-2P Onry ST-2P TALLAHASSEE, FL 32303 Change INF. ST-2P Onry ST-2P TALLAHASSEE, FL 32303 Change INF. TOP Onry ST-2P TALLAHASSEE, FL 32303 Change Addition INF. TOPES Onry ST-2P Onry ST-2P Onry ST-2P Onry ST-2P INF. TOPES Onry ST-2P Onry ST-2P Onry ST-2P Onry ST-2P INF. TOPE	-	<u> </u>				
Due by September 8, 2004 Florida Department of State Due by September 8, 2004 Florida Department of State Difficult September 8, 2004 MANAGERS Difficult September 8, 2004 Defete Tit MARK Mee BROWN, DEVERON L ESQ. Instruct September 8, 2004 Defete Tit E MARK Instruct September 8, 2004 Defete Tit E MARK Instruct September 8, 2004 Charge Addition MARK Instruct September 8, 2004 Charge Instruct September 8, 2004 Defete Instruct September 8, 2004 Defete Note Defete ThE Note Defete<		Signature, typed or printed name of registered agen	t and title if applicable. (NO)	E: Registered Agent signat	aluxe required when reinstating) DATE	
NE MGRM Delete TRLE Drange Addition MME BROWN, DEVERON LESQ. Street Address Drange Addition MME Street Address Change Addition MV: ST-ZP TALLAHASSEE, FL 32308 Delete TRLE MGR/M Change Addition ME TALLAHASSEE, FL 32308 Delete TRLE MGR/M Change Addition ME Street Address Brown, C Traing J. ESQ Change Addition ME Delete TRLE MGR/M Change Addition ME Delete TRLE Change Addition <t< td=""><td>Fil Due I</td><td>ling Feø is \$50.00 by September 8, 2004</td><td></td><td></td><td></td></t<>	Fil Due I	ling Feø is \$50.00 by September 8, 2004				
Meter ADDRESS 1555 DELANY ROAD, #1814 Vrs.7:/P TALLAHASSEE, FL 32308 LE Delete MAKE MAKE MAKE MAKE MAKE MAKE MAKE Delete MAKE MAKE MAKE Delete MAKE Delete MAKE Delete MAKE Delete MAKE Citange MAKE Citange <tr< td=""><td></td><td></td><td></td><td></td><td></td></tr<>						
LE Delete TILE MGR.M. Brown, Craig J. ESQ STRET ADDRESS Craig J. ESQ M41 PSRTLAND AVE. STRET ADDRESS Craig J. ESQ Addition V-S17.2P Delete TILE Brown, Craig J. ESQ M41 PSRTLAND AVE. STRET ADDRESS Craig J. ESQ Addition V-S17.2P Delete TILE Brown, Craig J. ESQ M41 PSRTLAND AVE. STRET ADDRESS Craig J. ESQ Addition V-S17.2P Delete TILE Delete Addition ME StRET ADDRESS CITY-S1-2P Change Addition V-S17.2P Delete TILE Change Addition ME Delete TILE Change Addition ME StRET ADDRESS CITY-S1-2P Change Addition V-S17.2P StRET ADDRESS CITY-S1-2P Change Addition ME Delete TILE Change Addition ME StRET ADDRESS CITY-S1-2P Change Addition V-S17.2P StRET ADDRESS CITY-S1-2P Change Addition ME Delete TILE Change Addition ME StRET ADDRESS CITY-S1-2P Change Addition V-S17.2P	me Reet address	BROWN, DEVERON L ESQ. 1555 DELANY ROAD, #1814	L Defete	NAME STREET ADDRESS		
TLE Delete TITLE Change Addition MME STREET ADDRESS CITY-SI-ZP CITY-SI-ZP Change Addition REET ADDRESS CITY-SI-ZP CITY-SI-ZP Change Addition ME Delete TITLE Change Addition NAME STREET ADDRESS CITY-SI-ZP CITY-SI-ZP CITY-SI-ZP LE Delete TITLE NAME STREET ADDRESS CITY-SI-ZP LE Delete TITLE NAME STREET ADDRESS CITY-SI-ZP CITY-SI-ZP LE Delete TITLE NAME STREET ADDRESS CITY-SI-ZP CITY-SI-ZP L Delete	ile Me Reet address	TALLAHASSEE, FL 32308	Delete	TITLE NAME STREET ADDRESS	Brown, Craig J. ESQ' 1949 BIRTLAND AVE.	
TLE Delete TITLE Change Addition ME NAME STREET ADDRESS CITY-ST-ZIP Change Addition LE Delete TITLE Change Addition ME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition ME NAME STREET ADDRESS CITY-ST-ZIP Change Addition ME Delete TITLE Change Addition ME TITLE Change Addition ME STREET ADDRESS CITY-ST-ZIP Change Addition IL Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition IL Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Chaddition <	AME REET ADDRESS	n	Delete	NAME STREET ADDRESS	Change Addition	
LE Delete TiTLE Change Addition ME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LE Delete TITLE CITY-ST-ZIP Change Addition ME Delete TITLE CITY-ST-ZIP Change Addition LE Delete TITLE Change Addition ME STREET ADDRESS CITY-ST-ZIP Change Addition ME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP I. 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. If We way 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.	ile Mé Reet address		Delete	TITLE NAME STREET ADDRESS		
Internet Internet <td< td=""><td>'LE ME REET ADDRESS</td><td></td><td>Delete</td><td>TITLE NAME STREET ADDRESS</td><td></td></td<>	'LE ME REET ADDRESS		Delete	TITLE NAME STREET ADDRESS		
1. 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.	ILE ME - REET ADDRESS		Delete	TITLE NAME STREET ADDRESS		
	 I hereby indicated limited lia 	ability company or the receiver or truste	h this filing does not qualify fo d that my signature shall have se empowered to execute this	or the exemption sta the same legal effe report as required	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fect as if made under oath; that I am a managing member or manager of the 1 by Chapter 608, Florida Statutes.	

•