

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000007884 1. Entity Name BRECHTEL PROPERTIES, LLC	
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Principal Place of Business 249 OLDE POST ROAD NICEVILLE, FL 32578	Mailing Address 249 OLDE POST ROAD NICEVILLE, FL 32578
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DO NOT WRITE IN THIS SPACE

	
04132005 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 59-3709266	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BRECHTEL, DAVID L 249 OLDE POST ROAD NICEVILLE, FL 32578	DO NOT WRITE IN THIS SPACE
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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 file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

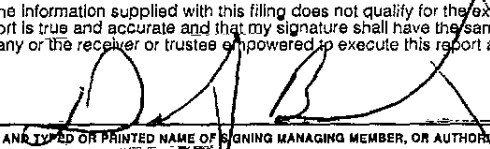
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRECHTEL, DONALD L SR 249 OLDE POST ROAD NICEVILLE, FL 32578
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**DO NOT WRITE
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UN00000376132
08/11/05-80002-004 50.00

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **8/11/05 850.699.7283**

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