

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90128 035 ****50.00

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DOCUMENT # L02000009674 1. Entity Name BRINKMAN AUDIO LLC					
Principal Place of Business 11722 LAKE WILLIS DR. ORLANDO, FL 32821			Mailing Address 11722 LAKE WILLIS DR. ORLANDO, FL 32821		
2. Principal Place of Business 7000 Lake Willis Dr. Suite, Apt. #, etc.		3. Mailing Address 7000 Lake Willis Dr Suite, Apt. #, etc.		01062004 Chg-LLC CR2E083 (10/03)	
City & State Orlando, FL Zip 32821		City & State Orlando, FL Zip 32821		4. FEI Number 02-0603676 Applied For <input type="checkbox"/> Not Applicable	
Country ORANGE		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRINKMAN, JOHN K 11722 LAKE WILLIS DR. ORLANDO, FL 32821				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE P NAME DEVITA, ELISE STREET ADDRESS 715 BARON RD CITY-ST-ZIP ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE P NAME Brinkman, John K STREET ADDRESS 11722 LAKE WILLIS DR CITY-ST-ZIP Orlando, FL 32821	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE Brinkman NAME MARY, JOHN STREET ADDRESS 11722 LAKE WILLIS DR CITY-ST-ZIP ORLANDO, FL 32828 21	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: ELsie Devita 1/6/04 407-238-2379 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					