

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90136 026 ****50.00

DOCUMENT # L02000021561

1. Entity Name
BRANDY LAND COMPANY, LLC



Principal Place of Business
1515 RINGLING BLVD., 10TH FLOOR
SARASOTA, FL 34236

Mailing Address
1515 RINGLING BLVD., 10TH FLOOR
SARASOTA, FL 34236



04292004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
54-2071593

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KEYSER, STEPHEN B
1515 RINGLING BLVD., 10TH FLOOR
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ERICK H. SHUMWAY TRUSTEE REV TRUST 9/25/02
STREET ADDRESS 1515 RINGLING BLVD, 10TH FLOOR
CITY-ST-ZIP SARASOTA, FL 34236

TITLE MGRM
NAME KEYSER, STEPHEN B ESQ
STREET ADDRESS 1515 RINGLING BLVD., 10TH FLOOR
CITY-ST-ZIP SARASOTA, FL 34236

TITLE MGRM
NAME ELLIOTT, ROBERT H
STREET ADDRESS 1515 RINGLING BLVD., 10TH FLOOR
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-29-04

Date

941-316-9393

Daytime Phone #