

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90007 024 ****50.00

DOCUMENT # L02000024139

1. Entity Name
BRW, LLC



Principal Place of Business

777 S HARBOUR ISLAND BLVD, SUITE 360
TAMPA FL 33602

Mailing Address

777 S HARBOUR ISLAND BLVD, SUITE 360
TAMPA FL 33602

20002827



01122005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1647703

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRONSON, MICHAEL
777 S. HARBOUR ISLAND BLVD., SUITE 360
TAMPA, FL 33602

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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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WALTER, ROBERT A
STREET ADDRESS	777 S. HARBOUR ISLAND BLVD. #360
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	BRONSON, MICHAEL
STREET ADDRESS	777 S. HARBOUR ISLAND BLVD. #360
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGR
NAME	REIBER, TYLER
STREET ADDRESS	P.O. BOX 272046
CITY-ST-ZIP	TAMPA, FL 33688
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:

Robert A. Walter

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

1/12/05

Date

813-221-9782

Daytime Phone #

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