


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

02-17-2005 90102 019 ****50.00

DOCUMENT # L02000025669		
1. Entity Name BRIGANTINE ASSOCIATES LLC		

Principal Place of Business 6110 RAIN BRIAR COURT TEMPLE TERRACE, FL 33617 US	Mailing Address PO BOX 290283 TAMPA, FL 33687 US
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30001902



2. Principal Place of Business 6227 SOARING AVENUE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02132005 Chg-LLC CR2E083(10/03)

City & State TEMPLE TERRACE, FL	City & State
Zip 33617	Country US

4. FEI Number 71-0911431	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SANADI, CLYDE PO BOX 290283 TAMPA, FL 33687	
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7. Name and Address of New Registered Agent	
Name CLYDE SANADI	
Street Address (P.O. Box Number is Not Acceptable) 6227 SOARING AVENUE	
City TEMPLE TERRACE FL	Zip Code 33617

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 CLYDE SANADI	DATE 3/11/2005

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANADI, CLYDE PO BOX 290283 TAMPA, FL 33687 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Clyde Sanadi	MANAGING MEMBER 2/13/2005 813-914-7220