

## **FILED** 2006 LIMITED LIABILITY COMPANY Apr 20, 2006 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # L02000031871 1. Entity Name **BRITTEX MANAGEMENT LLC** Principal Place of Business Mailing Address 17990 W. STATE RD 84 763 LAKE BLVD. WESTON, FL 33326 WESTON, FL 33326 US 04142006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0806620 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ALLEN, KIM J 763 LAKE BLVD. DO NOT WRITE WESTON, FL 33326 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 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, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME ALLEN, DAVID J 763 LAKE BLVD STREET ADDRESS WESTON, FL 33326 CITY-ST-ZIP U00000520307 05/02/06-80083-023 50.00 MGRM TITLE FINEMAN, ALAN J NAME STREET ADDRESS 9804 CROSS PINE COURT LAKE WORTH, FL 33467 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CHTY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ///

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

DAVID J. ALLEN.

x 4/17/08

Daytime Phone #