

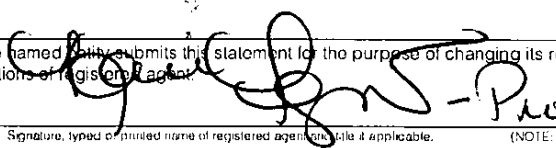
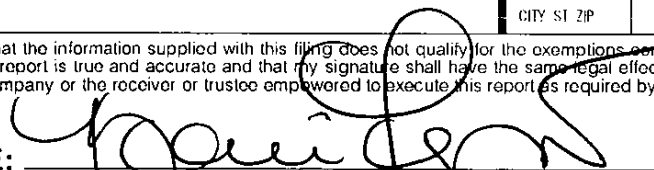


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90040 027 ****50.00

DOCUMENT # L02000034550					
1. Entity Name BRAMAN APARTMENTS, LLC					
Principal Place of Business 1310 POINCIANA AVENUE FORT MYERS FL 33901			Mailing Address % PCMG PO BOX 60195 FT. MYERS FL 33906		
2. Principal Place of Business - No P.O. Box # 2070 Braman Ave		3. Mailing Address P.O. Box 60195			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/06)	
City & State Fort Myers, FL		City & State Ft Myers, FL		4. FEI Number 20-0129669	
Zip 33901		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PEKOL, ROBERT M 1310 POINCIANA AVENUE FORT MYERS FL 33901			7. Name and Address of New Registered Agent Name: PCMG - Kari Faught Street Address (P.O. Box Number is Not Acceptable): 7680 Cambridge Manor Place Suite #101 City: Fort Myers FL Zip Code: 33907		
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:  - Property Manager 2-12-07 <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEKOL, ROBERT M 1310 POINCIANA AVENUE FORT MYERS FL 33901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Property Manager Kari Faught 7680 Cambridge Manor Place Suite 101 Fort Myers FL 33907	<input type="checkbox"/> Change <input checked="" 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 exemptions contained in Section 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			2-12-07 239-275-8320		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					