

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 19, 2004 8:00 am
Secretary of State

04-26-2004 90043 015 ****50.00

DOCUMENT # L03000003345

1. Entity Name
BROWN'S ADULT FAMILY CARE HOME, LLC



Principal Place of Business
**5946 PAINTED PONY DR.
JACKSONVILLE, FL 32244**

Mailing Address
**5946 PAINTED PONY DR.
JACKSONVILLE, FL 32244**

34006697



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
56-2319693

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, CARON
5946 PAINTED PONY DR.
JACKSONVILLE, FL 32244**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Managing Member** ☐ Delete
NAME **Caron Brown**
STREET ADDRESS **5946 Painted Pony Dr.**
CITY-ST-ZIP **Jacksonville Fla. 32244**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Caron Brown

4-23-04 (904) 777-2891

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

Date

Daytime Phone #