

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-27-2004 90331 029 \*\*\*\*50.00

**DOCUMENT # L03000004433**

1. Entity Name

BR CONCEPTS, L.L.C.



Principal Place of Business  
7207 MARSH TERRACE  
PORT ST LUCIE FL 32986

Mailing Address  
7207 MARSH TERRACE  
PORT ST LUCIE FL 32986



MOORE CR2E083 (11/03)

2. Principal Place of Business

8217 Kiawah Trace

Suite, Apt. #, etc.

3. Mailing Address

8217 Kiawah Trace

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34986

Country

City & State

Port St. Lucie, FL

Zip

34986

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FARRELL, RICKEY-L  
1595 SE PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34952

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME CAMPBELL, RICHARD E  
STREET ADDRESS 7207 MARSH TERRACE  
CITY-ST-ZIP PORT ST LUCIE FL 32986 ☐ Delete

TITLE MGRM  
NAME FULKERSON, GARY D  
STREET ADDRESS 804 BRIDGEWATER RD.  
CITY-ST-ZIP KNOXVILLE TN 39723 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME Campbell, Richard E. ☒ Change ☐ Addition  
STREET ADDRESS 8217 Kiawah Trace  
CITY-ST-ZIP Port St. Lucie, FL 34986

TITLE MGRM  
NAME Fulkerson, Gary D. ☒ Change ☐ Addition  
STREET ADDRESS 2122 Keaton Chase Drive  
CITY-ST-ZIP Orange Park, FL 32003

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *Richard E Campbell*

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

Date

Daytime Phone #

5-24-04

772-461-4837