

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004433

Entity Name: BR CONCEPTS, L.L.C.

FILED  
Jun 30, 2005  
Secretary of State

**Current Principal Place of Business:**

8217 KIAWAH TRACE  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

8217 KIAWAH TRACE  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 47-0911261      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CAMPBELL, RICHARD E  
Address: 8217 KIAWAH TRACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: MGRM      (X) Delete  
Name: FULKERSON, GARY D  
Address: 2122 KEATON CHASE DRIVE  
City-St-Zip: ORANGE PARK, FL 32003

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

MGRM

06/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date