

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005421

**FILED**  
**Jul 05, 2005**  
**Secretary of State**

**Entity Name:** TONY BRAIL, LLC

**Current Principal Place of Business:**

5475 VINELAND ROAD  
# 8206  
ORLANDO, FL 32811 US

**New Principal Place of Business:**

4248 CENTERGATE LANE #104  
ORLANDO, FL 32814 US

**Current Mailing Address:**

5475 VINELAND ROAD  
# 8206  
ORLANDO, FL 32811 US

**New Mailing Address:**

4248 CENERGATE LANE #104  
ORLANDO, FL 32814 US

**FEI Number:** 56-2319049      **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:**

ROBERT C. COHEN, P.A.  
301 S. MILWEE STREET  
LONGWOOD, FL 32750 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: MGR      ( ) Delete  
Name: BRAIL, TONY R SOLE  
Address: 5475 VINELAND RD. #8206  
City-St-Zip: ORLANDO, FL 32811 US

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: BRAIL, TONY R SOLE  
Address: 4248 CENTERGATE LANE #104  
City-St-Zip: ORLANDO, FL 32814 US

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: TONY BRAIL

MGR

07/05/2005

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