
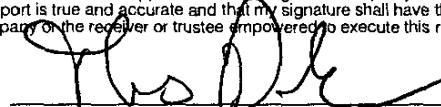


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90151 003 \*\*\*\*50.00

<b>DOCUMENT # L03000011237</b> 1. Entity Name <b>BRINGTON, LLC</b>					
Principal Place of Business <b>18720 WILDLIFE TRAIL BROOKSVILLE, FL 34610</b>			Mailing Address <b>18720 WILDLIFE TRAIL BROOKSVILLE, FL 34610</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. <b>4655 80th ST N.</b>			Suite, Apt. #, etc. <b>P.O. BOX 18152</b>		
City & State <b>ST PETERSBURG, FL</b>			City & State <b>CLEARWATER, FL</b>		
Zip <b>33709</b>		Country <b>USA</b>		Zip <b>33762</b>	
Country <b>USA</b>		4. FEI Number <b>32-0070402</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KNIGHT, CAROLE 18720 WILDLIFE TRAIL BROOKSVILLE, FL 34610</b>			7. Name and Address of New Registered Agent Name <b>KNIGHT, CAROLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4149 E. FT APACHE</b> City <b>DUNNELLON</b> <b>FL</b> Zip Code <b>34434</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>MGR</b> <b>THOMAS DOBCZYK</b> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP <b>P.O. BOX 18152 CLEARWATER, FL 33762</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>MGR</b> <b>CAROLE KNIGHT</b> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP <b>4149 E. FT APACHE DUNNELLON, FL 34434</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b> 			<b>8-18-04 1-813-298-2396</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		