2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:
SIGNATURE OF PRINTED NAMED STENING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 26, 2005 8:00 am Secretary of State

Daytime Phone #

						()4-26-2005 90)020 024	****50.00)
DOCUMENT # L03000012954 1. Entity Name BROKER-REFERRAL ASSOCIATES OF FLORIDA, L.L.C.						20047777				
Principal Place of Business Mailing Address							2004	* * * * *		
130 N. TAMI		130 N. TAMIAMI TRAIL								
SARASOTA, F	1 34236 US	SARASOTA, FL 34236	US			I 1001 BK 01) (IBIAN 16616 BENI ABIN EBI	21 4810 1 10 11 111	10 (BIU) Bidii Did	11 1 (11 (21)
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03292005	Chg-LLC	CR2E0	83 (10/03)		
City & State		City & State			4. FEI Numbe 55-0827			F	plied For t Applicable	
Zip	Country	Zip	Country			5. Certilicate	of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current F	Registered Agent		Name		7. Name and	Address of New F	legistered /	lgent	
MAZZARANTANI, GEORGE H				Name						
777 SOUT 2			Street Ad	ddress (P.0	O. Box Numbe	r is Not Acceptable	e)			
SARASOT	A, FL 34236			City					Zip Cod	
O. The chance		4b						FL	<u> </u>	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	s register	ea office or	registered	agent, or bott	i, in the State of Fi	orida. Tam i	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	TE: Registere	ed Agent signatur	ire required wh	nen reinstäting)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005								e check p a Departm	ayable to ent of State	e
9.	MANAGING MEMBE	RS/MANAGERS	10.			I,.	ADDITIONS	/CHANGES		
TITLE	MGRM	☐ Delete	IIIL	E					☐ Change	Addition
NAME	SOSSO, SCOTT G		NAA							
STREET ADDRESS CITY-ST-ZIP	130 N. TAMIAMI TRAIL SARASOTA, FL 34236			EET ADDRESS (-ST-ZIP						
TITLE	GARASOTA, TE STEED	☐ Delete	TITL						☐ Change	☐ Addition
NAME		- Delete	, NAA						CT change	Addition
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP			CITY	r-ST-ZIP	_					
TITLE		☐ Delete	1111						Change	Addition
NAME STREET ADDRESS			NAA SIR	EET ADDRESS						
CITY-ST-ZIP				r-ST-ZIP						
TITLE		☐ Delete	TITE				<u>.</u>		☐ Change	Addition
NAME STREET ADDRESS			NAM STR	EET ADDRESS						
CITY-ST-ZIP			СП	Y-ST-ZIP						
TITLE NAME		☐ Defete	TIT!						☐ Change	Addition
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP			CIT	Y-ST-ZIP						
DILE		☐ Defete	TITS						☐ Change	Addition
NAME CIDICI ADDOCCO			NA	1						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP						
11. I hereby indicated	Lertify that the information supplied with don this report is true and accurate and ability company or the receiver or trustee	this filing does not qualify to that my signature shall have	or the exe	emption stat e legal effe	Led in Sect ct as if ma	tion 119.07(3)(de under oath), Florida Statutes, that I am a mana	. I further cer	tify that the i	nformation er of the
[limited lia	ability company or the receiver or trustee	empowered to execute this	s report a	is required b	by Chapter	r 608, Florida S	Statutes.	-	3	