2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **FILED** Jan 27, 2006 08:00 AM Secretary of State DOCUMENT # L03000014465 1. Entity Name RED BRICK BUILDING, LLC Principal Place of Business Mailing Address 311 SOUTH SECOND STREET P.O. BOX 1270 FORT PIERCE FL 34954 FT. PIERCE FL 34954 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 65-1193652 Not Applicate Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEILL, RICHARD V JR Street Address (P.O. Box Number is Not Acceptable) 311 SOUTH SECOND STREET FORT PIERCE FL 34954 City Zip Code 8. The above named entity subrigits th ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of regi SIGNATURE FILE NOW!!! FEE IS \$50.00 U00000404489 Make Check Payable to Florida Department of State 02/07/06-90002-002 50.00 Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change - Flade" NAME NEILL, RICHARD V JR. NAME STREET ADDRESS STREET ADDRESS 311 SOUTH SECOND STREET CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34954 TITLE ☐ Delete TITLE ☐ Change □ > : " NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Add Add . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Add NAME NAMĖ STREET ADDRESS STREET ADDRESS DITY-ST-DP CUTY-ST-ZUP TITLE ☐ Delete TITLE Change Accept NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Сhange □ A'··· NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 it limited liability company of the receiver of purely empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: