

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000015623

1. Entity Name
BROOKHAVEN INVESTMENTS, LLC



Principal Place of Business
**701 BROOKHAVEN DR.
ORLANDO, FL 32803**

Mailing Address
**701 BROOKHAVEN DR.
ORLANDO, FL 32803**



03012005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2356131

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMALL BUSINESS LEGAL CENTER, P.A.
425 WEST COLONIAL, STE. 206
ATTN: PRESIDENT
ORLANDO, FL 32804**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	GODBER, REX
STREET ADDRESS	15 E YALE ST
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	VP
NAME	KILMER, RAYMOND
STREET ADDRESS	1762 FAIRVIEW SHORES DRIVE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	S
NAME	GODBER, JENNIFER
STREET ADDRESS	15 E YALE ST
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	T
NAME	KILMER, JOANN
STREET ADDRESS	1762 FAIRVIEW SHORES DRIVE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/05/05-80030-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE.

Date

Daytime Phone #

PRESIDENT

3-1-2005

407-898-0708