

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
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**

DO NOT WRITE IN THIS SPACE



04032007 No Chg-LLC

CR2E083 (11/05)

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, 2007**

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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04/17/07-80049-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 #

4-4-2007 407-898-0708