


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000018208

1. Entity Name
 BRODEC, L.L.C.



Principal Place of Business 10438 POINT VIEW COURT ORLANDO, FL 32836	Mailing Address 10438 POINT VIEW COURT ORLANDO, FL 32836
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03222005No Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0570680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZGONC-ARSOVA, SNEZANA
 10438 POINT VIEW COURT
 ORLANDO, FL 32836

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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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARSOV, MILIMIR 10438 POINT VIEW COURT ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARSOVA, ANA 10438 POINT VIEW COURT ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZGONE-ARSOVA, SNEZANA 10438 POINT VIEW COURT ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARSOVA, MAJA 10438 POINT VIEW COURT ORLANDO, FL 32836
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Milimir Arsov* MILIMIR ARSOV 3/22/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #