


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 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**



04252006 No Chg-LLC CR2E093 (01/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0570680 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

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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UD000051714
 05/13/06-80111-50.00

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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]* Date: 4/26/2006
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE