


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000018208


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



Principal Place of Business Mailing Address

10438 POINT VIEW COURT 10438 POINT VIEW COURT
 ORLANDO, FL 32836 ORLANDO, FL 32836

DO NOT WRITE IN THIS SPACE



03012007 No Chg-LLC CR2E083 (11/05)

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 re-appointing)

Filing Fee is \$50.00 Due by May 1, 2007

04/05/07-80035-008 50.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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]* **3/27/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #