


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000018208 1. Entity Name BRODEC, L.L.C.	
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Principal Place of Business 10438 POINT VIEW COURT ORLANDO, FL 32836	Mailing Address 10438 POINT VIEW COURT ORLANDO, FL 32836
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04212008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  
 ZGONC-ARSOVA, SNEZANA  
 10438 POINT VIEW COURT  
 ORLANDO, FL 32836

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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	

U00000921678  
 05/15/08-80016-009 138.75

**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

4/22/2008 407 933-0900  
 Date Daytime Phone #