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Secretary of State

05-11-2006 90017 023 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000021948		
1. Entity Name BRODEC INVESTMENTS, L.L.C.		
Principal Place of Business 10438 POINT VIEW CT. ORLANDO, FL 32836		30010466
Mailing Address 10438 POINT VIEW CT. ORLANDO, FL 32836		
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ZGONC-ARSOVA, SNEZANA 10438 POINT VIEW CT. ORLANDO, FL 32836		04252006 No Chg-LLC CR2E063 (01/35)
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.		4. FEI Number 83-0362975
SIGNATURE _____ Signature, typed or printed name of registered agent and title of entity see. (NOTE: Registered Agent signature required when handling)		Applied For Not Applicable
Filing Fee is \$50.00 Due by May 1, 2006		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARSOV, MILIMIR 10438 POINT VIEW CT. ORLANDO, FL 32836	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZGONC-ARSOVA, SNEZANA 10438 POINT VIEW CT. ORLANDO, FL 32836	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARSOVA, ANA 10438 POINT VIEW CT. ORLANDO, FL 32836	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARSOVA, MAJA 10438 POINT VIEW CT. ORLANDO, FL 32836	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>[Signature]</i></u> 6/12/2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone