

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000021948

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



Principal Place of Business
**10438 POINT VIEW CT.
ORLANDO, FL 32836**

Mailing Address
**10438 POINT VIEW CT.
ORLANDO, FL 32836**



03012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0362975

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 CT.
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

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

U00000683198
04/05/07-80035-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARSOV, MILIMIR 10438 POINT VIEW CT. ORLANDO, FL 32836
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	

**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

Date

Day/Month/Year

3/27/2007