2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000025395

1. Entity Name

BROWNLEE DEVELOPMENT, LLC



FILED Jan 05, 2007 08:00 AM Secretary of State

Principal Place of Business 2320 NORFOLK ROAD ORLANDO, FL 32803 Mailing Address

P.O. BOX 547382 ORLANDO, FL 32854



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0111009 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWNLEE, DENVER R 2320 NORFOLK RD ORLANDO, FL 32803

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 reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		}
NAME	BROWNLEE, RAY		
STREET ADDRESS	2320 NORFOLK ROAD		
CITY-ST-ZIP	ORLANDO, FL 32803		
TITLE			NAAAAAAA
NAME			01/05/07-80005-025 50.00
STREET ADDRESS			urrare: gagae gaa gerug
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP		l DO	NOT WRITE
TITLE		I IN	THIS SPACE
NAME		1 ""	0.7.02
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		1	
NAME		- I	
STREET ADDRESS			
CITY-ST-ZIP		1	
TITLE			
NAME			
STREET ADDRESS			

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

CITY-ST-ZIP

JRE: DOWN TYPED OR PRINTED NAME OF BIGINING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/3/07

386-290-4994

Davime Phone #