## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000026212

**BRANCO PROPERTIES LLC** 

Principal Place of Business Mailing Address

1778 PARK AVENUE N

MAITLAND, FL 32751

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MAITLAND, FL 32751

## **FILED** Mar 13, 2006 08:00 AM Secretary of State



01192006 No Chg-LLC

CR2E083 (11/05)

4. FEt Number 35-2210320

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

BLACKBURN, CHERYL H 1778 PARK AVENUE N 200

## DO NOT WRITE

MAITLAND, FL 32751		IN	IN THIS SPACE	
6. The above the obligat	e named entity submits this statement for the purpose of cha- tions of registered agent.	inging its registered office or registered agent, or	both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signatura, typed or printed name of registered agent and title is applicable			
	Signaturs, typed or printed name of ragistared agent and title it applicable	(NOTE: Registered Agent signature required when reinstating	DATE	
F 0	iling Fee is \$50,00 ue by May 1, 2008 _		UHDUHH466643 <u>u372570</u> 6 30017-022 <b>50.</b> 00	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALCKBURN, CHERYL H 1778 PARK AVE N., STE 200 MAITLAND, FL 32751			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE THIS SPACE	
TITLE NAME STREET ADDRESS		IN		

11. I hereby certify that the information supplied with this filling 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 of manager of the limited liability company or the receiver or frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

> Heryl H. Blackburn TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #