

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90281 034 \*\*\*\*50.00

DOCUMENT # L03000026212

1. Entity Name  
BRANCO PROPERTIES LLC



Principal Place of Business

1778 PARK AVENUE N  
200  
MAITLAND, FL 32751

Mailing Address

1778 PARK AVENUE N  
200  
MAITLAND, FL 32751

2. Principal Place of Business - No P.O. Box #

146 Orange Place  
Suite, Apt. #, etc.

3. Mailing Address

146 Orange Place  
Suite, Apt. #, etc.



02212007 Chg-LLC CR2E083 (12/06)

City & State

MAITLAND, FL

City & State

MAITLAND

4. FEI Number

35-2210320

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

32751

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLACKBURN, CHERYL H  
1778 PARK AVENUE N  
200  
MAITLAND, FL 32751

146 Orange Place

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE P  
NAME BALCBURN, CHERYL H  
STREET ADDRESS 1778 PARK AVE N, STE 200  
CITY-ST-ZIP MAITLAND, FL 32751

10. ADDITIONS/CHANGES

TITLE  
NAME 146 Orange Place  
STREET ADDRESS MAITLAND, FL 32751  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-28-07

Date

407-539-0644

Daytime Phone #