


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90350 027 \*\*\*\*55.00

<b>DOCUMENT # L03000031433</b>	
1. Entity Name <b>BRIAN BARTHOLOMEW REALTY, L.L.C.</b>	

Principal Place of Business <b>1251 SUNBURY DR. FORT MYERS, FL 33901</b>	Mailing Address <b>1251 SUNBURY DR. FORT MYERS, FL 33901</b>
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2. Principal Place of Business	3. Mailing Address <b>P.O. Box 1289</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>Fort Myers, FL</b>
Zip	Country <b>US</b>
Country	Zip <b>33902-1289</b>

	
03062006 Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>16-1681933</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

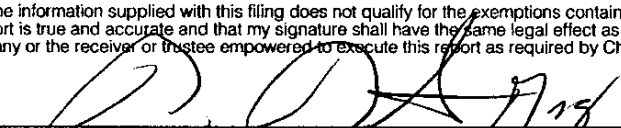
6. Name and Address of Current Registered Agent	
<b>HAAK, AARON A ESQ KNOTT, CONSOER, EBELINI, HART &amp; SWETT, PA 1625 HENDRY ST, STE 301 FORT MYERS, FL 33901</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BARTHOLOMEW, BRIAN 1251 SUNBURY DR. FORT MYERS, FL 33901</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
<b>SIGNATURE:</b> 	<b>3-7-06</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>