2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: // CLA / MAJELL

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

FILED Apr 07, 2008 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # L03000036145 1. Entity Name BR MANAGEMENT, L.L.C.								04-07-2008	90230	020 ***13	38./3	
Principal Plac 1400 - 10TH VERO BEACH	I AVENUE	Mailing Address 1400 - 10TH AVENUE VERO BEACH, FL 3296										
Principal Place of Business - No P.O. Box # Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03262008	Chg-LLC	CR2E	(083 (12/06)			
City & State			City & State				4. FEI Numb 54-212				pplied For ot Applicable	
Zip		Country	Zip	Country			5. Certificate	e of Status Desired		\$5.00 Ad Fee Require		
	6. Name	and Address of Current F	Registered Agent	stered Agent Name				7. Name and Address of New Registered Agent				
FENNELL, 979 BEAC VERO BEA	HLAND B	LVD.					P.O. Box Numb	oer is Not Acceptable	е)			
				City			·	FI	Zip Cod	le		
	named entitions of regist		the purpose of changing its	register	ed office o	r register	ed agent, or bo	oth, in the State of Flo		<u> </u>	and accept	
SIGNATURE .	Signatura, typed	or printed name of registered agent a	nd title if applicable. (NOTI	E: Registere	d Agent signal	ture required	when reinstating)		DATE			
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75										payable to nent of Stat	e	
9.		MANAGING MEMBEI	RS/MANAGERS,	10.				ADDITIONS	/CHANGE	s		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1400 - 10	., ROBERT V TH AVENUE ACH, FL 32960	Delete		_	5+140)	3 R Riciz 0 — 101	Russen Aven	11 ve 329	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1400 - 10	LOMEW, LYLE TH AVENUE EACH, FL 32960	☐ Delete				<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1400 - 10	Y, BYRON T TH AVENUE ACH, FL 32960	□ Oelete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						,	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
11. I hereby of indicated limited lia	certify that th on this repo bility compa	e information supplied with rt is true and accurate and ny or the receiver of trustee	this filing does not qualify fo that my signature shall have empowered to execute this	the exe the same report as	mptions c e legal effe s required	ontained ect as if n by Chap	in Chapter 119 nade under oat ter 608, Florida), Florida Statutes. I f th; that I am a mana i Statutes.	urther cert ging memi	ify that the infi ber or manag	ormation er of the	