

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90431 004 \*\*\*\*50.00

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<b>DOCUMENT # L03000042142</b>	
1. Entity Name BRC TRANSPORTATION, L.L.C.	



Principal Place of Business 2731 S. MAGUIRE ROAD OCOE, FL 34761	Mailing Address 2731 S. MAGUIRE ROAD OCOE, FL 34761
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2. Principal Place of Business - No P.O. Box # 2845 MARQUESAS CT. Suite, Apt. #, etc.	3. Mailing Address 2845 MARQUESAS CT. Suite, Apt. #, etc.
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City & State WINDERMERE, FL	City & State WINDERMERE, FL
Zip 34786	Zip 34786
Country	Country

03212007	Chg-LLC	CR2E083 (12/06)
4. FEI Number 38-1564761	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CRAMER, CHARLES W 1411 EDGEWATER DRIVE, SUITE 100 ORLANDO, FL 32804	7. Name and Address of New Registered Agent Name CAROLYN J. MELIA Street Address (P.O. Box Number is Not Acceptable) 1007 ROCKLEDGE DR. City ROCKLEDGE FL Zip Code 32955
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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 <i>Carolyn J. Melia</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 3/30/07 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERLAIN, PETER L 2645 MARQUESAS COURT WINDERMERE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2845 MARQUESAS CT. 34786
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
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
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.	
SIGNATURE: <i>Peter L Chamberlain</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 3/30/07 Date Daytime Phone #