


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000042658 1. Entity Name BRICK, SCANLAN, CRAFT, LLC	
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Principal Place of Business 425 S. KINGS AVE BRANDON, FL 33511	Mailing Address 425 S. KINGS AVE BRANDON, FL 33511
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04082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0359962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCANLAN, ROBERT J ESQ. 101 E. KENNEDY BLVD., SUITE 1790 TAMPA, FL 33602
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

0000000831463
04/23/08-80027-005 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRICK, GEORGE O M.D. 425 S. KINGS AVE. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCANLAN, EDWARD D M.D. 425 S. KINGS AVE. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRAFT, MARK L M.D. 425 S. KINGS AVE. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: George O Brick 4-8-08 813-685-1220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #