

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052068

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: BRIAR POST PROPERTIES, LLC

**Current Principal Place of Business:**

4571 BLAIR POST ROAD  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

4571 BLAIR POST ROAD  
TALLAHASSEE, FL 32311

**New Mailing Address:**

FEI Number: 42-1612248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LINDSEY, WM. SCOTT  
1407 PIEDMONT DRIVE EAST  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

WILSON, JEFFREY M  
4571 BRIAR POST ROAD  
TALLAHASSEE, FL 32311 US

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.

SIGNATURE: JEFFREY M. WILSON

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WILSON, JEFFREY M  
Address: P.O. BOX 12686  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM ( ) Delete  
Name: WILSON, PATRICIA M  
Address: P.O. BOX 12686  
City-St-Zip: TALLAHASSEE, FL 32317

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY M. WILSON

MGRM

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date