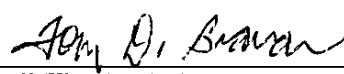


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90355 018 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                              |                                                                                                                                             |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L04000006969</b><br>1. Entity Name<br><b>BRANAN GROUP, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                                              |                                                                                                                                             |  |  |
| Principal Place of Business<br><b>27 NE 10TH AVENUE<br/>OCALA, FL 34470</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                              | Mailing Address<br><b>P.O. BOX 4075<br/>OCALA, FL 34478</b>                                                                                 |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |                                                                                                                                             |                                                                                   |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | City & State<br><br>Zip      Country                         |                                                                                                                                             | 4. FEI Number<br><b>20-0642423</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                              |                                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>SIMONS, GARY C ESQ<br/>121 NW THIRD ST<br/>OCALA, FL 34475</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                              | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                                              |                                                                                                                                             |                                                                                   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | <b>Make check payable to<br/>Florida Department of State</b> |                                                                                                                                             |                                                                                   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                              | <b>10. ADDITIONS/CHANGES</b>                                                                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGR<br/>BRANAN, TOM<br/>1711 SE 28TH STREET<br/>OCALA, FL 34471</b> | <input type="checkbox"/> Delete                              |                                                                                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                        | TITLE<br>NAME<br>STREET ADDRESS<br>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>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | Date: <b>4/18/07</b>                                         |                                                                                                                                             |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                              |                                                                                                                                             |                                                                                   |  |