


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90025 048 \*\*\*\*50.00

<b>DOCUMENT # L04000007441</b>	
1. Entity Name <b>MICHAEL D BRISETTE, LLC</b>	

Principal Place of Business <b>4521 SUMMER COVE DRIVE EAST APT. 531 SARASOTA, FL 34243</b>	Mailing Address <b>4521 SUMMER COVE DRIVE EAST APT. 531 SARASOTA, FL 34243</b>
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2. Principal Place of Business <b>4244 Parry Drive</b>	3. Mailing Address <b>4244 Parry Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Sarasota, FL</b>	City & State <b>Sarasota, FL</b>
Zip <b>34241</b>	Country <b>U.S.A.</b>



01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>03-0537513</b>	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 <b>BRISETTE, MICHAEL D 4521 SUMMER COVE DRIVE EAST APT. 531 SARASOTA, FL 34243</b>	7. Name and Address of New Registered Agent Name <b>Brisette, Michael D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4244 Parry Dr.</b> City <b>Sarasota</b> FL Zip Code <b>34241</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRISETTE, MICHAEL D. 4521 SUMMER COVE DRIVE EAST, APT. 531 SARASOTA, FL 34243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Michael D. Brisette 4244 Parry Drive Sarasota, FL 34241</b> <input checked="" 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
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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: *Michael D. Brisette* 4/15/06 (941) 302-2149  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #