


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90028 026 ****50.00

DOCUMENT # L04000010131 1. Entity Name BROOME INSTALLATIONS, LLC			
Principal Place of Business 1115 OLD POLK CITY ROAD LAKELAND, FL 33809		Mailing Address 1115 OLD POLK CITY ROAD LAKELAND, FL 33809	
2. Principal Place of Business 3101 Canandaigua Trl Suite, Apt. #, etc.		3. Mailing Address 3101 Canandaigua Trl Suite, Apt. #, etc.	
City & State Lakeland, FL Zip 33810		City & State Lakeland, FL Zip 33810	
4. FEI Number 20-0701392		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 BROOME, DAVID P 1115 OLD POLK CITY ROAD LAKELAND, FL 33809		7. Name and Address of New Registered Agent Name Broome, David P. Street Address (P.O. Box Number is Not Acceptable) 3101 Canandaigua Trl City Lakeland FL Zip Code 33810	
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 <u>David P. Broome mgr.</u> DATE <u>4-20-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	MGR BROOME, DAVID P 1115 OLD POLK CITY RD LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Broome, David P. 3101 Canandaigua Trail Lakeland, FL 33810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROOME, JULIE A 1400 BANANA RD, LOT 6 LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Julie A. Broome 3131 Indian Ridge Pl Lakeland, FL 33810 <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
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: <u>David P. Broome mgr.</u> DAVID P. BROOME <u>4-20-06</u> <u>863-858-3881</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			