## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Aug 19, 2005 8:00 am Secretary of State

| DOCUN<br>1. Entity Name<br>BR RAILIN  | MENT # L040000184   | 193  |  |  |                      |                   | 08-19-20                  | 005 90   | 089 02              | 1 ****50.                      | .00                           |             |
|---|---|--|--|--|----------------------|-------------------|---------------------------|----------|---------------------|--------------------------------|-------------------------------|-------------|
| Principal Place of Business Mailing Address   |   |  |  | · · · · · ·  |                      | MUUUUVVV          |                           |          |                     |                                |                               |             |
| 3426 LAKE OSBORNE DR<br>LAKE WORTH, FL 33461  |   | 3426 LAKE OSBORNE DR<br>LAKE WORTH, FL 33461 |  |  |                      | Manual P          |                           |          |                     | 1 61E4G 1D1EG (1)B             | <b>.</b>                      |             |
| <b>A</b> D':-/ID  | - A D I   | G Adullium Anlahann                          |  |  |                      |                   |                           |          |                     |                                |                               |             |
| 2. Principal Pi   | ace of Business   | 3. Mailing Address                           |  |  | 1                    |                   | L BEN BIBLI BEN E         |          |                     |                                | <b>9</b> 1 111 1 <b>9 8</b> 1 |             |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                          |  |  |                      | 08162005          | Chg-LLC                   | ı        | CR2E08              | 3 (10/03)                      |                               |             |
| City & State  |   | City & State                                 |  |  |                      | 4. FEI Numb       | 2455976                   |          |                     | <u> </u>                       | lied For<br>Applicat          | ole         |
| Žip   | Country   | Zip  | Count  | try  |                      | 5. Certificate    | of Status Des             | ired —   | <b>\$</b>           | 5.00 Addit                     | ional                         |             |
|   | 6. Name and Address of Current F  | lRegistered Agent                            |  | T  | L                    | 7. Name an        | d Address of N            | łew Regi |                     |                                |                               | =           |
|   |   |  |  | Name   |                      |                   |                           |          |                     |                                |                               |             |
| JOHN T. P.  | JOHN T ESQ<br>AXMAN, P.A.   |  | Street Ac  | Street Address (P.O. Box Number is Not Acceptable)   |                      |                   |                           |          |                     |                                |                               |             |
| 1832 N DIX<br>LAKE WO   | RIE HWY<br>RTH, FL 33460  |  |  |  |                      |                   |                           |          |                     |                                |                               |             |
|   |   |  |  | City   |                      |                   |                           |          | FL                  | Zip Code                       |                               | -           |
| _   | ions of registered agent.   |  |  |  |                      |                   |                           |          |                     |                                |                               |             |
| SIGNATURE . Fil   | Spreame, typed or printed name of registered agent a<br>ling Fee is \$50.00<br>by September 7, 2005 | nd title if applicable. (NOT)                | E: Registered  | d Agent signatu  | ire required v       | when reinstating) | F                         |          |                     | yable to<br>ent of State       | <u> </u>                      |             |
| Fil   | ing Fee is \$50.00  |  | E: Registered  | d Agent signatu  | ire required v       | when reinstating) |                           |          | heck pa             |                                |                               |             |
| Fil<br>Due t  | ing Fee is \$50.00<br>by September 7, 2005  |  | 10.  | E  |                      |                   | ADDIT                     | lorida D | check pa<br>epartme |                                | Addit                         | ion         |
| 9. TITLE  | ing Fee is \$50.00<br>by September 7, 2005  | RS/MANAGERS                                  | 10.<br>TITLE   | E<br>IE  | Mana                 | aging Mo          | ADDIT                     | lorida D | check pa<br>epartme | ent of State                   |                               | ion         |
| 9. TITLE NAME STREET ADDRESS  | ing Fee is \$50.00<br>by September 7, 2005  | RS/MANAGERS                                  | 10.<br>TITLE<br>NAM<br>STRE  | E  | Mana<br>Reto         | nging Me          | ADDIT                     | IONS/CH  | check pa<br>epartme | Change                         | Addit                         |             |
| 9. TITLE  | ing Fee is \$50.00<br>by September 7, 2005  | RS/MANAGERS                                  | 10.<br>TITLE<br>NAM<br>STRE  | e<br>Ie<br>Eet address<br>'-ST-ZIP   | Mana<br>Reto         | nging Me          | ADDIT<br>ember<br>Villiam | IONS/CH  | check pa<br>epartme | Change                         | Addit                         | 3346        |
| 9. TITLE NAME STREET ADDRESS CITY-SI-ZIP  | ing Fee is \$50.00<br>by September 7, 2005  | RS/MANAGERS Delete                           | 10.<br>TITLE<br>NAM<br>STRE<br>CITY  | E<br>IE<br>EET ADDRESS<br>'-ST-ZIP<br>E  | Mana<br>Reto         | nging Me          | ADDIT<br>ember<br>Villiam | IONS/CH  | check pa<br>epartme | Change Worth                   | Maddit<br>FL 3                | 3346        |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that the signature chall have the same legal effect as if made under certh; 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:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone ∉