
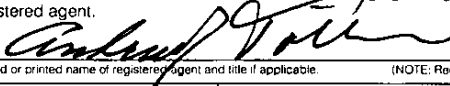
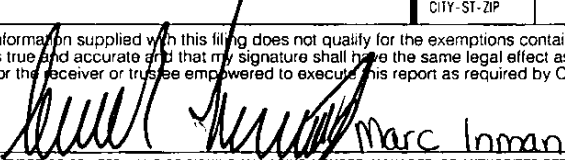


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90027 026 \*\*\*138.75

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # L04000018642</b><br>1. Entity Name<br><b>BRANDON PALMS APARTMENTS, LLC</b>  |   |   |  |  |  |
| Principal Place of Business<br><b>C/O KRAMER WEISMAN ASSOC. 12515 ORANGE DR. 814 DAVIE, FL 33330</b>  |   |   | Mailing Address<br><b>C/O KRAMER WEISMAN ASSOC. 12515 ORANGE DR. 814 DAVIE, FL 33330</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |   |  |
| City & State<br>Zip      Country  |   | City & State<br>Zip      Country  |  | 4. FEI Number<br><b>20-0863695</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |   |  |
| 6. Name and Address of Current Registered Agent<br><b>STRIANESE, EVAN A<br/>12515 ORANGE DR SUITE 814<br/>DAVIE, FL 33330</b>   |   | 7. Name and Address of New Registered Agent<br>Name <b>Andrews Toth</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>12515 Orange Drive</b><br>Suite <b>814</b><br>City <b>Davie</b> <b>FL</b> Zip Code <b>33330</b> |  |   |  |
| 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.<br>SIGNATURE  DATE <b>4/21/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |   |   | <b>Make check payable to</b><br><b>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  | MGRM<br>CORE COMMERCIAL, INC.<br>C/O KRAMER WEISMAN 12515 ORANGE DR #814<br>DAVIE, FL 33330 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>INMAN, MARC T MGRM<br>12515 ORANGE DR. SUITE 814<br>DAVIE, FL 33330                 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>INMAN, MARC T MGRM<br>12515 ORANGE DR. SUITE 814<br>DAVIE, FL 33330                 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>INMAN, MARC T MGRM<br>12515 ORANGE DR. SUITE 814<br>DAVIE, FL 33330                 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>INMAN, MARC T MGRM<br>12515 ORANGE DR. SUITE 814<br>DAVIE, FL 33330                 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>INMAN, MARC T MGRM<br>12515 ORANGE DR. SUITE 814<br>DAVIE, FL 33330                 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>INMAN, MARC T MGRM<br>12515 ORANGE DR. SUITE 814<br>DAVIE, FL 33330                 | <input type="checkbox"/> Delete   |  |   |  |
| 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:   |   |   | Date <b>4/21/08</b> Daytime Phone # <b>954-475-1260</b>                                  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |   |  |   |  |