

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90300 021 ****50.00

DOCUMENT # L04000029031

1. Entity Name
BRIANNA RAE BRANDON, LLC



Principal Place of Business
**1505 SE 40TH ST., STE. B
CAPE CORAL, FL 33904**

Mailing Address
**P.O. DRAWER 101465
CAPE CORAL, FL 33910-1465**

20018504



02102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2242570

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISHER, LEIGH M PA
~~1505 SE 40TH STREET, SUITE 2~~ **4403 SE 16TH PLACE**
CAPE CORAL, FL 33904

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME **MGR HEITMANN**
STREET ADDRESS **HERTMANN, RONALD F**
CITY-ST-ZIP **14450 BOURNEMUTH
SHELBY TEMPLE, MI 49315**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **TOWNSHIP**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/20/06

Date

(536) 244 4511

Daytime Phone #