


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90064 034 \*\*\*138.75

<b>DOCUMENT # L04000029031</b> 1. Entity Name <b>BRIANNA RAE BRANDON, LLC</b>	
---	---

Principal Place of Business <b>1505 SE 40TH ST., STE. B (1420 SE 47TH ST.)</b> <b>CAPE CORAL, FL 33904</b>	Mailing Address <b>P.O. DRAWER 101465</b> <b>CAPE CORAL, FL 33910-1465</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>35-2242570</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>FISHER, LEIGH M PA</b> <b>4403 SE 16TH PLACE (1420 SE 47th ST.)</b> <b>CAPE CORAL, FL 33904</b>	<b>DO NOT WRITE IN THIS SPACE</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.

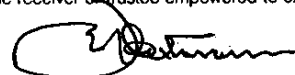
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEITMANN, RONALD F 14450 BOURNEMUTH SHELBY TOWNSHIP, MI 49315
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:  1/20/08 586-214-4511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #