


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90182 008 \*\*\*\*50.00

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # L04000030908</b><br>1. Entity Name<br><b>BRONTE COMPANY, LLC</b>  |   |  |  |    |  |
| Principal Place of Business<br><b>600 N. HIATUS ROAD<br/>SUITE 209<br/>PEMBROKE PINES, FL 33026</b>   |   |  | Mailing Address<br><b>18950 S.W. 51 MANOR<br/>SOUTHWEST RANCHES, FL 33332</b>  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>18950 S.W. 51 Manor</b><br>Suite, Apt. #, etc.                      |  |   |  |
| City & State<br><br>Zip      Country  |   | City & State<br><b>Southwest Ranches, FL</b><br>Zip      Country<br><b>33332      U.S.A.</b> |  | 4. FEI Number<br><b>56-2457158</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |   | Applied For<br>Not Applicable  |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SHERIFF, DWIGHT A<br/>18950 S.W. 51 MANOR<br/>SOUTHWEST RANCHES, FL 33332</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 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 _____  |   |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   | <b>Make check payable to:<br/>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>SHERIFF, DWIGHT<br>18950 SW 51 MANOR<br>SOUTHWEST RANCHES, FL 33332 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>Pitter, Owen<br>1002 Lavender Circle<br>Weston, FL 33327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>PATTERSON, GARY<br>1606 BLUE JAY CIR.<br>WESTON, FL 33327 <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>Pitter, Calvin<br>1906 S.W. 94th Avenue<br>Miramar, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>PITTER, DAVE<br>10749 LENOX ROAD<br>COOPER CITY, FL 33026 <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>Wanliss, Rorey<br>5527 N.W. 123rd Way<br>Coral Springs, FL 33076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>Delete <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>Miller, Kirk<br>35 Mimosa Place<br>Kingston 6, Jamaica, W.I. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>Delete <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>Pitter, Michelle<br>15525 Cairnryan Court<br>Miami Lakes, FL 33014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>Delete <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>Miller-Sheriff, Sandra<br>18950 S.W. 51 Manor<br>Southwest Ranches, FL 33332 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| 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 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. |   |  |  |   |  |
| <b>SIGNATURE:</b> <u>C. A. Pitter</u> <b>C. A. Pitter, MGRM</b> <b>March 17, 2005</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>  |   |  |  |   |  |

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## ATTACHMENT

|   |   |  |   |   |  |
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| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>18950 S.W. 51 Manor</b><br><br>Suite, Apt. #, etc.                      |   | <div style="font-size: 2em; font-family: cursive;">260723610</div>  |  |
| City & State<br><br>Zip      Country  |   | City & State<br><b>Southwest Ranches, FL</b><br><br>Zip      Country<br><b>33332      U.S.A.</b> |   | 4. FEI Number      Applied For<br><b>03092005      Chg-LLC      CR2E083 (10/03)</b><br><b>56-2457158</b> <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<br><br><b>SHERIFF, DWIGHT A<br/>18950 S.W. 51 MANOR<br/>SOUTHWEST RANCHES, FL 33332</b>   |  |
| 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code  |   |  |   | 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. |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM</b><br><b>SHERIFF, DWIGHT</b><br><b>18950 SW 51 MANOR</b><br><b>SOUTHWEST RANCHES, FL 33332</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <b>MGRM</b><br><b>Pitter-Patterson, Nicole</b><br><b>1606 Blue Jay Circle</b><br><b>Weston, FL 33327</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM</b><br><b>PATTERSON, GARY</b><br><b>1606 BLUE JAY CIR.</b><br><b>WESTON, FL 33327</b> <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <b>MGRM</b><br><b>Pitter, Lorna</b><br><b>1002 Lavender Circle</b><br><b>Weston, FL 33327</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM</b><br><b>PITTER, DAVE</b><br><b>10749 LENOX ROAD</b><br><b>COOPER CITY, FL 33026</b> <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <b>MGRM</b><br><b>Pitter, Maureen</b><br><b>1906 S.W. 94th Avenue</b><br><b>Miramar, FL 33025</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <b>MGRM</b><br><b>Wanliss, Andrea</b><br><b>5527 N.W. 123rd Way</b><br><b>Coral Springs, FL 33076</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
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