


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L04000030908

1. Entity Name
BRONTE COMPANY, LLC



Principal Place of Business
**600 N. HIATUS ROAD
 SUITE 209
 PEMBROKE PINES, FL 33026**

Mailing Address
**18950 S.W. 51 MANOR
 SOUTHWEST RANCHES, FL 33332**

2. Principal Place of Business
 Suite, Apt. #, etc.


3. Mailing Address
18950 S.W. 51 Manor
 Suite, Apt. #, etc.

City & State
Southwest Ranches, FL

City & State
Southwest Ranches, FL

Zip
33332

Country
U.S.A.



03152005 Chg-LLC CR2E083 (10/03)

4. FEI Number
56-2457158

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**SHERIFF, DWIGHT A
 18950 S.W. 51 MANOR
 SOUTHWEST RANCHES, FL 33332**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHERIFF, DWIGHT 18950 SW 51 MANOR SOUTHWEST RANCHES, FL 33332 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATTERSON, GARY 1606 BLUE JAY CIR. WESTON, FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTER, DAVE 10749 LENOX ROAD COOPER CITY, FL 33026 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete


10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pitter, Owen 1002 Lavender Circle Weston, FL 33327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pitter, Calvin 1906 S.W. 94th Avenue Miramar, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Wanliss, Rorey 5527 N.W. 123rd Way Coral Springs, FL 33076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Miller, Kirk 35 Mimosa Place Kingston 6, Jamaica, W.I. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pitter, Michelle 15525 Cairnryan Court Miami Lakes, FL 33014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Miller-Sheriff, Sandra 18950 S.W. 51 Manor 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.

SIGNATURE: C. A. Pitter **C. A. Pitter, MGRM** **March 17, 2005**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

DOCUMENT # L04000030908 1. Entity Name BRONTE COMPANY, LLC					
Principal Place of Business 600 N. HIATUS ROAD SUITE 209 PEMBROKE PINES, FL 33026			Mailing Address 18950 S.W. 51 MANOR SOUTHWEST RANCHES, FL 33332		
2. Principal Place of Business		3. Mailing Address 18950 S.W. 51 Manor			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Southwest Ranches, FL		4. FEI Number 56-2457158	
Zip		Zip 33332		Country U.S.A.	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHERIFF, DWIGHT A 18950 S.W. 51 MANOR SOUTHWEST RANCHES, FL 33332			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHERIFF, DWIGHT 18950 SW 51 MANOR SOUTHWEST RANCHES, FL 33332	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pitter-Patterson, Nicole 1606 Blue Jay Circle Weston, FL 33327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATTERSON, GARY 1606 BLUE JAY CIR. WESTON, FL 33327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pitter, Lorna 1002 Lavender Circle Weston, FL 33327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTER, DAVE 10749 LENOX ROAD COOPER CITY, FL 33026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pitter, Maureen 1906 S.W. 94th Avenue Miramar, FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WANLISS, ANDREA 5527 N.W. 123rd Way Coral Springs, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Miller, Martha 35 Mimosa Place Kingston 6, Jamaica, W.I.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, MARTHA 35 MIMOSA PLACE KINGSTON 6, JAMAICA, W.I.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, MARTHA 35 MIMOSA PLACE KINGSTON 6, JAMAICA, W.I.	<input type="checkbox"/> Change <input 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.					
SIGNATURE: <u>C. A. Pitter</u>		C. A. Pitter, MGRM		March 17, 2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

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