


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000030908 1. Entity Name BRONTE COMPANY, LLC	
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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
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04142006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2457158	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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**DO NOT WRITE
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 STREET ADDRESS CITY-ST-ZIP	MGRM SHERIFF, DWIGHT 18950 SW 51 MANOR SOUTHWEST RANCHES, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATTERSON, GARY 1606 BLUE JAY CIR. WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTER, DAVE 10749 LENOX ROAD COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTER, OWEN 1002 LAVENDER CIRCLE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTER, CALVIN 1906 SW 94TH AVENUE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WANLISS, ROREY 5527 NW 123RD WAY CORAL SPRINGS, FL 33076

U00000519653
05/02/06-80063-009 50.00

**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: C. A. Pitter **C. A. PITTER, MGRM** **4.14.06** **(954)423-7581**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #