
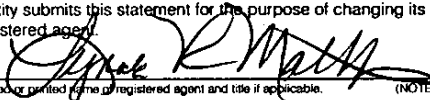



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90376 039 \*\*\*\*50.00

<b>DOCUMENT # L04000032072</b> 1. Entity Name <b>BRU-LYN MARKETING, LLC</b>																													
Principal Place of Business <b>1256 PINE SISKIN DRIVE</b> <b>PUNTA GORDA, FL 33950 US</b>			Mailing Address <b>1256 PINE SISKIN DRIVE</b> <b>PUNTA GORDA, FL 33950 US</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	05162005 Chg-LLC CR2E083 (10/03) 4. FEI Number <b>FIN 30-0248178</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent  <b>MATTHEWS, BRUCE R</b> <b>1256 PINE SISKIN DRIVE</b> <b>PUNTA GORDA, FL 33950</b>				7. Name and Address of New Registered Agent Name <b>LYNNE R. MATTHEWS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1256 PINE SISKIN DR.</b> City <b>PUNTA GORDA</b> FL Zip Code <b>33950</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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MATTHEWS, BRUCE R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1256 PINE SISKIN DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PUNTA GORDA, FL 33950</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME	MATTHEWS, BRUCE R		STREET ADDRESS	1256 PINE SISKIN DRIVE		CITY-ST-ZIP	PUNTA GORDA, FL 33950		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:**  **5/18/05** **941-505-5747**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #