2005 LIMITED LIABILITY CO ANNUAL REPORT (AR)

2/2/2005-90150-046-$50.00-$50.00

2005 APR -8 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE · CR2E083 (10/04)

DOCUMENT # L04000033447

1. Entity Name

ROBERTSON BRAZWELL, L.L.C.

Principal Place of Business	Mailing Address
2810 COPTER ROAD PENSACOLA FL 32514	2810 COPTER ROAD PENSACOLA FL 32514

2. Principal Place of Business		3. Mailing Address	
same		same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: same		City & State: same	
Zip: same	Country: same	Zip: same	Country: same

4. FEI Number: 27-801310/344-8 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTSON, WILSON B
2810 COPTER ROAD
PENSACOLA FL 32514

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: Wilson B Robertson 1-28-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTSON, WILSON B P.O. BOX 7548 PENSACOLA FL 32534	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Wilson B Robertson 4-2-05

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