

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036192

Entity Name: BRYBRAN INDUSTRIES, LLC

FILED
Feb 01, 2006
Secretary of State

Current Principal Place of Business:

3019 W. HILLSBOROUGH AVENUE
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

3019 W. HILLSBOROUGH AVENUE
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 20-1150867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALNER, MORISSEAU
10628 CORY LAKE DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

WALNER, MORISSEAU
3019 W. HILLSBOROUGH AVENUE
TAMPA, FL 33614 US

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.

SIGNATURE:

02/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: SEC. () Delete
Name: MORISSEAU, ANNE C
Address: 10628 CORY LAKE DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: PRES () Delete
Name: WALNER, MORISSEAU
Address: 10628 CORY LAKE DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: SEC. (X) Change () Addition
Name: MORISSEAU, ANNE C
Address: 3019 W. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33614 US

Title: PRES (X) Change () Addition
Name: WALNER, MORISSEAU
Address: 3019 W. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WALNER MORISSEAU

PRES

02/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date