

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000036294

1. Entity Name  
LOREN A. BROWN, LLC



Principal Place of Business  
1216NW 13TH STREET  
GAINESVILLE, FL 32601

Mailing Address  
1216NW 13TH STREET  
GAINESVILLE, FL 32601



04282006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-1986218

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WELLS, ORIAN JR  
1216 NW 13TH STREET  
GAINESVILLE, FL 32601

**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  
BROWN, SR, LOREN A.  
211 SEA TURTLE WAY  
SAINT AUGUSTINE, FL 32095

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
POWELL, JOANNE  
211 SEA TURTLE WAY  
SAINT AUGUSTINE, FL 32095

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BROWN, JR, LOREN A.  
211 SEA TURTLE WAY  
SAINT AUGUSTINE, FL 32095

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BROWN, LOREN A.  
211 SEA TURTLE WAY  
SAINT AUGUSTINE, FL 32095

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WELLS, JR., CPA, ORIAN P.  
1216 NW 13TH STREET  
GAINESVILLE, FL 32601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000546626  
05/11/06-80123-011 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #