2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005
Secretary of State

DOCUMENT# L04000042148

Entity Name: BROWN-VEHOVIC INVESTMENTS, LLC

Current Principal Place of Business:

8359 BEACON BLVD.
FT. MYERS, FL 33907

New Principal Place of Business:

8359 BEACON BLVD., #604
FT. MYERS, FL 33907

Current Mailing Address:

8359 BEACON BLVD.
FT. MYERS, FL 33907

New Mailing Address:

8359 BEACON BLVD., #604
FT. MYERS, FL 33907

FEI Number: 20-1368338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROWN, SUSAN J
8359 BEACON BLVD.
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

BROWN, SUSAN J
8359 BEACON BLVD., #604
FT. MYERS, FL 33907 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: _____ 01/21/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: BROWN, SUSAN J
Address: 8359 BEACON BLVD.
City-St-Zip: FT. MYERS, FL 33907

Title: MGRM ( ) Delete
Name: VEHOVIC, DENNIS
Address: 609 E. MAIN
City-St-Zip: ROCHESTER, IL 62563

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BROWN, SUSAN J
Address: 8359 BEACON BLVD., 604
City-St-Zip: FT. MYERS, FL 33907

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN J. BROWN MGRM 01/21/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date