## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 01, 2006 08:00 AM Secretary of State **DOCUMENT # L04000046376** BRACH DEVELOPMENT, LLC Principal Place of Business Mailina Address 6320 SWEET MAPLE LANE **6320 SWEET MAPLE LANE** BOCA RATON, FL 33433 - BOCA RATON, FL 33433 04242006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUQUET, LAURIE DO NOT WRITE 6320 SWEET MAPLE LANE BOCA RATON, FL 33433 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affice 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 agont and this if applicable (NOTE Registered Agent eigneture required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR IIILE SUQUET, LAURIE NAME U00000548973 STREET ADDRESS 6320 SWEET MAPLE LANE 05/13/06-80002-006 50.00 CITY-ST-ZIP BOCA RATON, FL 93433 TITLE NAME STREET AUDRESS CITY-ST-ZIP me NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TOTALE IN THIS SPACE NAME STREET ADDRESS

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 significant have the same legal effect as if made under path; 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:

CITY-ST-ZYP TITLE NAME STREET ADDRESS CITY-57-219 TIFLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

FILED