
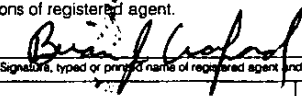



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90008 027 \*\*\*\*50.00

<b>DOCUMENT # L04000047399</b> 1. Entity Name <b>BRIAN J CROXFORD LLC</b>					
Principal Place of Business <b>5260 WHISPERING LANE TITUSVILLE, FL 32780</b>			Mailing Address <b>5260 WHISPERING LANE TITUSVILLE, FL 32780</b>		
2. Principal Place of Business <b>1340 HIAWATHA AVENUE</b>		3. Mailing Address <b>1340 HIAWATHA AVENUE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>HOLLY HILL FL</b>		City & State <b>HOLLY HILL FL</b>		4. FEI Number <b>20-1338603</b>	
Zip <b>32117</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CROXFORD, BRIAN J 5260 WHISPERING LANE TITUSVILLE, FL 32780</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1340 HIAWATHA AVENUE</b> <b>HOLLY HILL</b> City <b>FL</b> Zip Code <b>32117</b>		
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 				DATE <b>9/1/06</b>	
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROXFORD, BRIAN J 5260 WHISPERING LANE TITUSVILLE, FL 32780	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1340 HIAWATHA AVENUE HOLLY HILL FL 32117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 				BRIAN J CROXFORD, MM <b>3/1/06</b> 321-917-1944	