


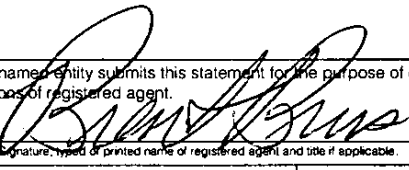
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90072 004 ***143.75

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DOCUMENT # L04000047630			
1. Entity Name BRUNS & GALLAGHER, LLC			
Principal Place of Business 1 CREEK COURT PALM COAST, FL 32137		Mailing Address 1 CREEK COURT PALM COAST, FL 32137	
2. Principal Place of Business - No P.O. Box # 5182 N. OCEANSIDE BLVD		3. Mailing Address 102 YACHT HARBOR DR.	
Suite, Apt. #, etc. 5415E B		Suite, Apt. #, etc. 5415E 161	
City & State PALM COAST, FL		City & State PALM COAST, FL	
Zip 32137	Country USA	Zip 32137	Country USA
6. Name and Address of Current Registered Agent BRUNS, BRENTON D 1 CREEK COURT PALM COAST, FL 32137		7. Name and Address of New Registered Agent BRUNS, BRENTON 102 YACHT HARBOR DR. 5415E 161 PALM COAST, FL 32137	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUNS, BRENTON D 1 CREEK COURT PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5182 N. OCEANSIDE BLVD, SUITE B
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLAGHER, STEVEN J 20540 BETHELWOOD LANE CORNELIUS, NC 28031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 40 WARDEN ST. RUMSON, NJ 07760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  BRENT BRUNS Date: 1-24-08 386-246-9155 Daytime Phone #			