2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047744

Entity Name: BREMILIE ESTATES, LLC

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1597 SOUTH PORT ST. LUCIE BLVD. 100 SW ALBANY AVE. PORT ST. LUCIE, FL 34952

SUITE 110

STUART, FL 34994

Current Mailing Address: New Mailing Address:

1597 SOUTH PORT ST. LUCIE BLVD. 100 SW ALBANY AVE. SUITE 110 PORT ST. LUCIE, FL 34952

STUART, FL 34994

FEI Number: 76-0762958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHAFFER, MARTIN SCHAFFER, MARTIN 1597 SOUTH PORT ST. LUCIE BLVD. 100 SW ALBANY AVE. PORT ST. LUCIE, FL 34952 SUITE 110 STUART, FL 34994 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: 04/25/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

() Delete Title: () Change () Addition

UNIVERSAL DEVELOPMEN, T OF FLORIDA, L .L.C. Name: Name: Address: 1597 SOUTH PORT ST. LUCIE BLVD. Address: City-St-Zip: PORT ST. LUCIE, FL 34952 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: SCHAFFER, MARTIN Name: Address: 1597 SOUTH PORT ST. LUCIE BLVD. Address: City-St-Zip: PORT ST. LUCIE, FL 34952 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: UNIVERSAL DEVELOPMENT **MGRM** 04/25/2005