
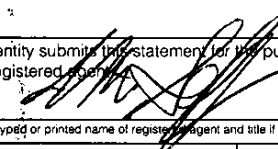


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90030 046 \*\*\*\*50.00

<b>DOCUMENT # L04000047744</b>					
<b>1. Entity Name</b> BREMLIE ESTATES, LLC					
<b>Principal Place of Business</b> 100 SW ALBANY AVE. SUITE 110 STUART, FL 34994			<b>Mailing Address</b> 100 SW ALBANY AVE. SUITE 110 STUART, FL 34994		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
<div style="display: flex; justify-content: space-between;"> <span>04212006    Chg-LLC    CR2E083 (11/05)</span> </div>					
<b>4. FEI Number</b> 76-0762958				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SCHAFFER, MARTIN 100 SW ALBANY AVE. SUITE 110 STUART, FL 34994			Name UNIVERSAL DEVELOPMENT OF FLORIDA, LLC Street Address (P.O. Box Number is Not Acceptable) 100 SW ALBANY AVE SUITE 110 City STUART    FL    Zip Code 34994		
<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.</b>					
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)    DATE:					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM UNIVERSAL DEVELOPMENT OF FLORIDA, L.L.C. 1597 SOUTH PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHAFFER, MARTIN 1597 SOUTH PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					