2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000047744

1. Entity Name

BREMILIE ESTATES, LLC

FILED Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business

100 SW ALBANY AVE.

SUITE 110 STUART, FL 34994 Mailing Address

100 SW ALBANY AVE.

SUITE 110

STUART, FL 34994



04092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 76-0762958 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UNIVERSAL DEVELOPMENT OF FL LLC 100 SW ALBANY AVE STE 110 STUART, FL 34994

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

U00000709293 04/24/07-80147-019 50.00

9.	MANAGING MEMBERS/MANAGERS
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	

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11. I hereby certify that the information supplied with this filling 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 faceiver or true exemptions contained by Chapter 608, Florida Statutes.

SIGNATURE

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/13/57

272-1612-01916

Daytime Phone i