

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90180 023 ****50.00

DOCUMENT # L04000050582

1. Entity Name

BROWNS TROPICAL INVESTMENTS, LLC



Principal Place of Business

3716 PEARLMAN TERRACE
KEY WEST FL 33040

Mailing Address

3716 PEARLMAN TERRACE
KEY WEST FL 33040

2. Principal Place of Business - No P.O. Box #

723 SW Leman Hill Dr

Suite, Apt. #, etc.

3. Mailing Address

723 SW Leman Hill Dr

Suite, Apt. #, etc.

City & State

Dunnellon FL

City & State

Dunnellon FL

Zip

34431

Country

USA

Zip

34431

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-1349736

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, WAYNE N
3716 PEARLMAN TERRACE
KEY WEST, FL FL 33040

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

723 SW Leman Hill Dr.

City

Dunnellon

FL

Zip Code

34431

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

Wayne N Brown

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

WAYNE N. BROWN

(NOTE: Registered Agent signature required when reinstating.)

3/19/2007

Date

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete
NAME: BROWN, WAYNE N
STREET ADDRESS: 3716 PEARLMAN TERRACE
CITY- ST- ZIP: KEY WEST FL 33040

TITLE: MGRM ☐ Delete
NAME: BROWN, PEGGY P
STREET ADDRESS: 3716 PEARLMAN TERRACE
CITY- ST- ZIP: KEY WEST FL 33040

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

10. ADDITIONS/CHANGES

☒ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS: 723 SW Leman Hill Dr
CITY- ST- ZIP: Dunnellon FL 34431

☒ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS: 723 SW Leman Hill Dr
CITY- ST- ZIP: Dunnellon FL 34431

☐ Change ☐ Addition
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☐ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Wayne N Brown MGRM WAYNE N. BROWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

3/19/2007

Daytime Phone: #

312
522-1185