

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000052206**

1. Entity Name

**BRYANT GROUP PROPERTIES LLC**



Principal Place of Business

**106 ROCKPORT - NEW HEBRON RD  
PINOLA, MS 39149**

Mailing Address

**106 ROCKPORT - NEW HEBRON RD  
PINOLA, MS 39149**

**DO NOT WRITE IN THIS SPACE**



04052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

**98-0432045**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY, STE 300  
TAMPA, FL 33637**

**DO NOT WRITE  
IN THIS SPACE**

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 filer if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

U00000502597  
04/25/06 09:10:00 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BRYANT, ROBERT D  
106 ROCKPORT - NEW HEBRON RD  
PINOLA, MS 39149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BRYANT, BRENDA M  
106 ROCKPORT - NEW HEBRON RD  
PINOLA, MS 39149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

**5 April 2006 281-733-2106**

Date

Daytime Phone #