

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000058379

1. Entity Name
BRYTIN INVESTMENTS, LLC



Principal Place of Business
**9491 SW 14TH AVENUE
OCALA, FL 34476**

Mailing Address
**9491 SW 14TH AVENUE
OCALA, FL 34476**

DO NOT WRITE IN THIS SPACE



02142008 No Chg - LLC

CR2E083 (11/05)

4. FEI Number
20-1864578

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ASHCROFT, DAVID C
9491 SOUTHWEST 14TH AVENUE
OCALA, FL 34476**

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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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

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

000000438430
03/01/06-80005-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LISA M. ASHCROFT REVOCABLE TRUST
9494 SW 14TH AVENUE
OCALA, FL 34476**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

2/15/06

Date

352 291 2222

Daytime Phone if