2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-07-2008 90227 024 ***138.75

DOCUMENT # L04000060581

1. Entity Name
BROCKADO, LLC

Principal Place of Business	Mailing Address
590 SOLUTIONS WAY SUITE 100 ROCKLEDGE, FL 32955 US	590 SOLUTIONS WAY SUITE 100 ROCKLEDGE, FL 32955 US

DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-1525575
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BROCKHOUSE, KEITH
590 SOLUTIONS WAY
SUITE 100
ROCKLEDGE, FL 32955

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BROCKHOUSE, KEITH
STREET ADDRESS	590 SOLUTIONS WAY STE 100
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	MGRM
NAME	HADDOW, JOSEPH
STREET ADDRESS	1278 TROON WAY
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	MGRM
NAME	BREWER, BILLY JOE
STREET ADDRESS	1635 COQUINA DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	MGRM
NAME	BREWER, DEBORAH K
STREET ADDRESS	1635 COQUINA DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
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: _____ 3/26/08 321 631 7063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #