2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Feb 11, 2005 8:00 am Secretary of State

	711111071						,
DOCUMENT # L04000061962 1. Entity Name					Secretary of State 02-11-2005 90138 022 ****50.00		
BROCK STRASSER INVESTMENTS, LLC					02-11-2003-30	130 022 30.	30
Principal Place	e of Business	Mailing Address	•	•			
1042 N. US HWY 1 1042 N. US HWY 1 ORMOND BEACH FL 32174 ORMOND BEACH FL 32174							
2. Principal P	lace of Business	3. Mailing Address	ing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE 0	CR2E083 (10/04)		
City & State		City & State		4. FEI Number 20 - 1553192	\ 	oplied For	
Zip	Country	Zip	Country		5. Certificate of Status Desired	S5.00 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Reg	jistered Agent	
070.0050.0040.504				Name			
STRASSER, CHARLES Ł 1042 N US HWY 1 ORMOND BEACH FL 32174			Street Address		(P.O. Box Number is Not Acceptable)		
Oniv	NOND BEACH FL 32174				ب ياست بالساب الالور		بد بانصت
			City			FL Zip Cod	ie
	named entity submits this statement for one of registered agent.	r the purpose of changing its r	egistered offic	e or register	red agent, or both, in the State of Florid	da. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title 4 applicable (NOTE:	Registered Agents	ignature required	d when (einstauno)	DATE	
		The last of part of propositions	W!!! FEE I				
		Make Check Payable Due	to Florida By May 1, 2		nt of State		
9.	MANAGING MEMBE	RS/MANAGERS	10.	(2.200 00 925)	ADDITIONS/C	HANGES	
TITLE		☐ Delete	TITLE	m	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			NAME		eles L. Strasser		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRI CITY-ST-ZIP	ت نے تروا	2 N. US HWY 1 WOND BEACH, FC 3	12174	
TITLE		☐ Delete	TITLE	m		☐ Change	Addition
NAME STREET ADDRESS			NAME	_ Jeff	Brock 1-11		
CITY-ST-ZIP			STREET ADDR	··· /32.	SHADY BRANCH TRAIL	27/7/1	
TITLE		☐ Delete	TITLE	- UKII	nond Beach, El	☐ Change	Addition
NAME			NAME			_ ,	_
STREET ADDRESS CITY-ST-ZIP			STREET ADDR	ESS	*** *	 +	-
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME CAREET ADDRESS			NAME	500			
STREET ADDRESS CITY-ST-ZIP			STREET ADDR	ESS			
TITLE		□ Delete	TITLE			☐ Change	Addition
NAME			NAME			•	
STREET ADDRESS CITY-ST-ZIP			STREET ADDR CITY-ST-ZIP	ESS			
TITLE		Delete	111LE		=	☐ Change	Addition
NAME		∟ Detete	NAME	1			L. Addition
STREET ADDRESS			STREET ADDR	ESS			
CITY - ST - ZIP			CITY-ST-ZIP	- 1			

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 fiability 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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #