2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## DOCUMENT # L04000065543

1. Entity Name

**BRANDON SQUARE LLC** 

Principal Place of Business

Mailing Address

1767 LAKEWOOD RANCH BLVD #292 BRADENTON, FL 34211 US

1767 LAKEWOOD RANCH BLVD #292 BRADENTON, FL 34211 US

## FILED Mar 17, 2008 08:00 All Secretary of State



03072008 No Chg-LLC

CR2E083 (12/07)

Fee Required

· · · · · · · · · · · · · · · · · · ·	 
4. FEI Number	Applied For
40-0200618	Not Applicab
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

BLALOCK, WALTERS, HELD & JOHNSON, P.A. 802 11TH STREET WEST BRADENTON, FL 34205

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	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or b	ooth, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	CAMBRA, JERRY M		
STREET ADDRESS	1767 LAKEWOOD RANCH BLVD #292	i	
CITY-ST-ZIP	BRADENTON, FL 34211		,
TITLE			U00000861747
NAME			04/03/08-80021-015 138.75
STREET ADDRESS		· ·	
CITY-ST-ZIP			11
TITLE			•
NAME			•
STREET ADDRESS		I	

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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 floe 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: \_

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

Jenny M. Cambra

3/8/07 (941) 705-244/

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

Daytime Phone #