


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Aug 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000070387  
 1. Entity Name  
 RONALD M. BROWN LLC



Principal Place of Business 2997 S.W. 89TH PLACE OCALA, FL 34476	Mailing Address 2997 S.W. 89TH PLACE OCALA, FL 34476
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**DO NOT WRITE IN THIS SPACE**



07032006No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3748944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, RONALD M  
 2997 S.W. 89TH PLACE  
 OCALA, FL 34476

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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 reappointing)

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, RONALD M 2997 S.W. 89TH PLACE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, PATSY S 2997 S.W. 89TH PLACE OCALA, FL 34476
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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: Ronald M Brown Date: 8-9-06 (352) 804-3257  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #