


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90030 043 ****50.00

DOCUMENT # L04000079919					
1. Entity Name BRIANN, LLC					
Principal Place of Business 5511 HANSEL AVENUE ORLANDO, FL 32809			Mailing Address 5511 HANSEL AVENUE ORLANDO, FL 32809		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOOKER, AMY D 5511 HANSEL AVENUE ORLANDO, FL 32809			Name <u>Amy Beaulieu</u> Street Address (P.O. Box Number is Not Acceptable) <u>5511 Hansel Ave</u> City <u>Orlando</u> FL Zip Code <u>32809</u>		
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 <u>[Signature]</u>			DATE <u>4/10/06</u>		
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOOKER, DOUGLAS P 5511 HANSEL AVE ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Douglas Russell 5511 Hansel Ave Orlando, FL 32809	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOOKER, BRITTAS 5511 HANSEL AVE ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Robert Seurist 5511 Hansel Ave Orlando, FL 32809	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NOBLE, ROBERT 5511 HANSEL AVE ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NOBLE, JUDY 5511 HANSEL AVE ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u>			Date <u>4/10/06</u>		Daytime Phone # <u>407-281-1519</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					