


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90190 037 \*\*\*\*50.00

<b>DOCUMENT # L04000088720</b>	
1. Entity Name THE BROWN FIRM, PL	

Principal Place of Business 6550 ST. AUGUSTINE ROAD 104 JACKSONVILLE, FL 32217	Mailing Address 6550 ST. AUGUSTINE ROAD 104 JACKSONVILLE, FL 32217
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**60021814**



2. Principal Place of Business - No P.O. Box # 6277 Dupont Station Ct. E Suite, Apt. #, etc. # 3	3. Mailing Address 6277 Dupont Station Ct. E Suite, Apt. #, etc. # 3
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32217	Country


01292007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1990181	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  BROWN, KEVIN A 6550 ST. AUGUSTINE ROAD 104 JACKSONVILLE, FL 32217	
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7. Name and Address of New Registered Agent	
Name Kevin A. Brown	
Street Address (P.O. Box Number is Not Acceptable) 6277 Dupont Station Ct. E	
Suite # 3	
City Jacksonville	FL Zip Code 32217

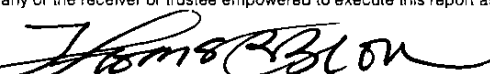
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, THOMAS R 6550 ST. AUGUSTINE ROAD, SUITE 104 JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brown, Thomas R 6277 Dupont Station Ct. E, # 3 Jacksonville, FL 32217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 	DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	