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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20060310

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000091236

1. Entity Name
BRANDON MAIN STREET, LLC

Principal Place of Business	Mailing Address
2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308	2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308

06072005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
808 Oakfield Drive	808 Oakfield Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brandon, FL	City & State: Brandon, FL
Zip: 33511 Country: Hillsborough	Zip: 33511 Country: Hillsborough

4. FEI Number: None — Applied For [ ] Not Applicable [X]

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOUFF, JANICE T 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308	Name: Tammy C. Bracewell Street Address (P.O. Box Number is Not Acceptable): 808 Oakfield Drive City: Brandon FL Zip Code: 33511

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: Tammy C. Bracewell, President/CEO 6/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	First American Brandon Main Street, Inc. 2075 Centre Pointe Blvd. ~~Tallahassee, FL 32308~~ [X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Greater Brandon Chamber of Commerce 808 Oakfield Drive Brandon, FL 33511 [X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Tammy C. Bracewell, President/CEO 6/13/05 813-689-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #