

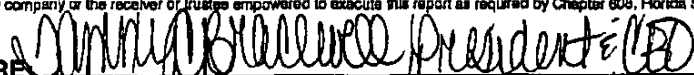
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20060310

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000091236			
1. Entity Name BRANDON MAIN STREET, LLC			
Principal Place of Business 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308		Mailing Address 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308	
2. Principal Place of Business 808 Oakfield Drive Suite, Apt. #, etc.		3. Mailing Address 808 Oakfield Drive 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	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUFF, JANICE T 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent 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 the registered agent. SIGNATURE  DATE 6/13/05 (NOTE: Registered Agent Signature required when relinquishing)			
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 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Greater Brandon Chamber of Commerce 808 Oakfield Drive Brandon, FL 33511 ☒ 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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes. SIGNATURE  DATE 6/13/05 689-1221			
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			