

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-13-2006 90192 026 ****50.00

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1. Entity Name
PAUL BRENT DEVELOPMENT GROUP, L.L.C.

Principal Place of Business
**2901 CLINT MOORE ROAD, #259
BOCA RATON, FL 33496**

Mailing Address
**2901 CLINT MOORE ROAD, #259
BOCA RATON, FL 33496**

2. Principal Place of Business
**2275 S Federal Highway
Suite, Apt. #, etc.
Suite 270**

3. Mailing Address
**2275 S Federal Highway
Suite, Apt. #, etc.
Suite 270**

City & State
Delray Beach FL
Zip
33423
Country
USA

City & State
Delray Beach FL
Zip
33423
Country
USA

01302006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2017392
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KIRK GRANTHAM, P.A.
1860 FOREST HILL BLVD.
SUITE 105
WEST PALM BEACH, FL 33406**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BROOKS, ALAN
2901 CLINT MOORE ROAD, #259
BOCA RATON, FL 33496** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GLOBERMAN, BARRY
2901 CLINT MOORE ROAD, #259
BOCA RATON, FL 33496** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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: *Barry Globerman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-25-06

561-676-7031

Date

Daytime Phone #