

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90073 014 \*\*\*\*50.00

<b>DOCUMENT # L04000092053</b>					
<b>1. Entity Name</b> BRYSON, LLC					
<b>Principal Place of Business</b> 23252 CHARLSTON PLACE LAND O'LAKES, FL 34639			<b>Mailing Address</b> 23252 CHARLSTON PLACE LAND O'LAKES, FL 34639		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01092006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 20-2041896				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BRYANT, JOHN P 23252 CHARLSTON PLACE LAND O'LAKES, FL 34639			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL    Zip Code		
<b>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.</b>					
SIGNATURE:					
(NOTE: Registered Agent signature required when reappointing)					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADSEN, CLARENCE 23252 CHARLES PL LAND O LAKES, FL 34639	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADSEN, CLARENCE 23252 Charleston Place Land O' Lakes, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b>				1/22/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date    Daytime Phone #	