

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/3/2006-90025-011-\$50.00-\$50.00

<b>DOCUMENT # L04000093108</b> 1. Entity Name <b>BREB, LLC</b>					
Principal Place of Business <b>9846 SW COUNTY RD 769 ARCADIA, FL 34269</b>			Mailing Address <b>9846 SW COUNTY RD 769 ARCADIA, FL 34269</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>APPLIED FOR 20-2561469</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BLEDSON, ERIC 9846 SW COUNTY RD 769 ARCADIA, FL 34269</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGR BLEDSON, ERIC 9846 SW COUNTY RD 769 ARCADIA, FL 34269</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<div style="display: flex; justify-content: space-between;"> <div> <b>REINSTATEMENT 2006</b>  <b>DB</b> </div> <div> <b>60035140</b>  </div> </div>					
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: <u>EBCC</u> <span style="float: right;">4/25/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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SECRETARY OF STATE  
FILED