

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094084

FILED
Sep 06, 2005
Secretary of State

Entity Name: BRACKIN ENTERPRISES, LLC.

Current Principal Place of Business:

8303 ARCHWOOD CIRCLE
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

8303 ARCHWOOD CIRCLE
TAMPA, FL 33615

New Mailing Address:

FEI Number: 86-1124969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HAYMAN, STEPHEN D
412 E. MADISON STREET
SUITE 1111
TAMPA, FL 33602 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRACKIN, KEITH A
Address: 8303 ARCHWOOD CIRCLE
City-St-Zip: TAMPA, FL 33615

Title: MGRM () Delete
Name: BRACKIN, GIAN D
Address: 8303 ARCHWOOD CIRCLE
City-St-Zip: TAMPA, FL 33615

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: BRACKIN, KEVIN
Address: 306 EAST 2ND COURT
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GIAN D. BRACKIN

MGMS

09/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date