

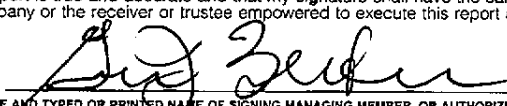


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000094084</b> 1. Entity Name BRACKIN ENTERPRISES, LLC.			
Principal Place of Business 8303 ARCHWOOD CIRCLE TAMPA, FL 33615		Mailing Address 8303 ARCHWOOD CIRCLE TAMPA, FL 33615	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04262006No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 86-1124969	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent  HAYMAN, STEPHEN D 412 E. MADISON STREET SUITE 1111 TAMPA, FL 33602		<b>DO NOT WRITE IN THIS SPACE</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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>  U000000562363 05/19/06-80052-014 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRACKIN, KEITH A 8303 ARCHWOOD CIRCLE TAMPA, FL 33615		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRACKIN, GIAN D 8303 ARCHWOOD CIRCLE TAMPA, FL 33615		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRACKIN, KEVIN 306 EAST 2ND COURT PANAMA CITY, FL 32401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		4/30/06 813882-3955 <small>Date Daytime Phone #</small>	