


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90146 025 \*\*\*\*50.00

<b>DOCUMENT # L05000001766</b>	
1. Entity Name <b>DOWNIE BROTHERS, L.L.C.</b>	

Principal Place of Business <b>2513 CRESTWOOD AVENUE NEW SMYRNA BEACH FL 32168</b>	Mailing Address <b>2513 CRESTWOOD AVENUE NEW SMYRNA BEACH FL 32168</b>
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2. Principal Place of Business <b>3024 UMBRELLA</b>	3. Mailing Address <b>P.O. BOX 212</b>
Suite, Apt. #, etc. <b>TREE DR.</b>	Suite, Apt. #, etc.
City & State <b>EDGEWATER FL</b>	City & State <b>NEW SMYRNA BCH. FL.</b>
Zip <b>32141</b> Country <b>USA</b>	Zip <b>32170</b> Country <b>USA</b>

1st MOORE CR2E083 (10/05)

4. FEI Number <b>20-2209189</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>DOWNIE, JOHN C 2513 CRESTWOOD AVENUE NEW SMYRNA BEACH FL 32168</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DOWNIE, RICHARD E 414 RIVERWOOD DRIVE FT. WASHINGTON MD 20744</b> <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	<b>MGRM DOWNIE, JOHN C 2513 CRESTWOOD AVENUE NEW SMYRNA BEACH FL 32168</b> <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
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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/26/06 386-847-2252**