2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State
01-23-2007 90057 029 ****50.00

DOCUMENT # L05000001766

1. Entity Name
DOWNIE BROTHERS, L.L.C.

Principal Place of Business	Mailing Address
3024 UMBRELLA TREE DR EDGEWATER FL 32141	P.O. BOX 212 NEW SMYRNA BEACH FL 32170

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3024 UMBRELLA TREE	PO-BOX 212
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: EDGEWATER FL.	City & State: NEW SMYRNA BCH. FL.
Zip: 32141 Country: USA	Zip: 32170 Country: USA

1st MOORE CR2E083 (10/06)

4. FEI Number: 20-2209189 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOWNIE, JOHN C 2513 CRESTWOOD AVENUE NEW SMYRNA BEACH FL 32168	Name: John C Downie Street Address (P.O. Box Number is Not Acceptable): 3024 UMBRELLA TREE DR. City: EDGEWATER FL Zip Code: 32141

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: John C. Downie DATE: 1/18/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM DOWNIE, RICHARD E 414 RIVERWOOD DRIVE FT. WASHINGTON MD 20744	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM DOWNIE, JOHN C 2513 CRESTWOOD AVENUE NEW SMYRNA BEACH FL 32168	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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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: John C Downie 1/18/07 386-847-2252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #