
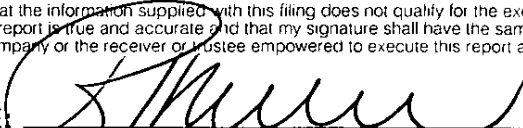


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90206 050 ****50.00

DOCUMENT # L05000005632					
1. Entity Name BROHO I, LLC					
Principal Place of Business 8771 COLLEGE PARKWAY SUITE #101 FORT MYERS, FL 33919			Mailing Address % ROBERT D. ROYSTON, JR/COSTELLO & ROYSTON P.O. DRAWER 60205 FORT MYERS, FL 33906		
2. Principal Place of Business - No P.O. Box # 13350 Metro Parkway		3. Mailing Address		20004401 	
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc.		01112007 Chg-LLC CR2E083 (12/06)	
City & State Fort Myers, FL		City & State		4. FEI Number 11-3742929	
Zip 33966		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCER, RANDAL L <input type="checkbox"/> Delete 8771 COLLEGE PARKWAY, SUITE 101 FORT MYERS, FL 33919			TITLE NAME STREET ADDRESS CITY-ST-ZIP	13350 Metro Parkway, Suite 102 Fort Myers, FL 33966 <input checked="" 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
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
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 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 				Date: 1/12/07 Daytime Phone #	