

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 29, 2007 8:00 am**  
**Secretary of State**

08-29-2007 90039 021 \*\*\*\*55.00

**DOCUMENT # L05000006154**

1. Entity Name  
**BROTHERHOOD INVESTMENTS LLC**



Principal Place of Business  
**418 GALE PLACE  
WEST PALM BEACH, FL 33409**

Mailing Address  
**418 GALE PLACE  
WEST PALM BEACH, FL 33409**

**60055268**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08262007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-2193469**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD, #221E  
PALM BEACH GARDENS, FL 33410**

Name **BRIAND DESAMOUR**

Street Address (P.O. Box Number is Not Acceptable)

**418 GALE PLACE**

City **West Palm Beach, FL** Zip Code **33409**

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

*Ernst Safaite*

(NOTE: Registered Agent signature required when reinstating)

**08-26-07**

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **DESAMOUR, BRIAND**  
STREET ADDRESS **418 GALE PLACE**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **SAFAITE, ERNST**  
STREET ADDRESS **418 GALE PLACE**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **SAFAITE ERNST** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3480 PINEWALK DR. N. #128**  
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: *Ernst Safaite* **ERNST SAFAITE** 8-26-07 235-6542  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #