

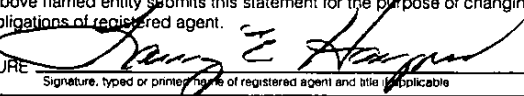
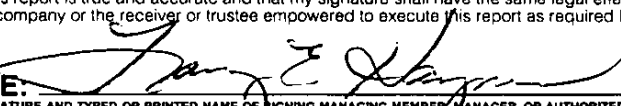


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90440 028 \*\*\*\*50.00

<b>DOCUMENT # L05000010989</b>					
<b>1. Entity Name</b> BRIARWOOD MANAGEMENT LLC					
<b>Principal Place of Business</b> 7800 BELFORT PARKWAY, STE. 165 JACKSONVILLE, FL 32256			<b>Mailing Address</b> 7800 BELFORT PARKWAY, STE. 165 JACKSONVILLE, FL 32256		
<b>2. Principal Place of Business - No P.O. Box #</b> 9309 Old Kings Rd. So. Suite, Apt. #, etc. Suite 3		<b>3. Mailing Address</b> 9309 Old Kings Rd. So. Suite, Apt. #, etc. Suite 3		60031373  	
<b>City &amp; State</b> Jacksonville, FL Zip 32257 Country USA		<b>City &amp; State</b> Jacksonville, FL Zip 32257 Country USA		03282007    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> APPLIED FOR 84-1669425				Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				<b>6. Name and Address of Current Registered Agent</b> HAINES, LARRY E 7800 BELFORT PARKWAY, STE. 165- JACKSONVILLE, FL 32256	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 9309 Old Kings Rd. So. Suite 3 City Jacksonville FL Zip Code 32257				<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.</b> SIGNATURE  DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM HAYNES, LARRY E 7800 BELFORT PARKWAY, STE. 165 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	9309 Old Kings Rd. So. Jacksonville, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM WITHAM, MARK 7800 BELFORT PARKWAY, STE. 165 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	9309 Old Kings Rd So Jacksonville, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #