

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90057 042 \*\*\*\*50.00

<b>DOCUMENT # L05000013262</b>					
<b>1. Entity Name</b> JPBRACK REALTY, LLC					
<b>Principal Place of Business</b> 3132 SW 16TH PLACE CAPE CORAL, FL 33914 US			<b>Mailing Address</b> BRACKEN&MARGOLIN 1 SUFFOLK SQ STE 300 ISLANDIA, NY 11749 US		
<b>2. Principal Place of Business</b> 2511 SW Manor Hill		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Palm City FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-2370459	
<b>Zip</b> 34990		<b>Country</b> US		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				01092006 Chg-LLC CR2E083 (11/05)	
<b>6. Name and Address of Current Registered Agent</b> BRACKEN, JOHN P JR. 3132 SW 16TH PLACE CAPE CORAL, FL 33914			<b>7. Name and Address of New Registered Agent</b>		
Name			John P. Bracken		
Street Address (P.O. Box Number is Not Acceptable)			2511 SW Manor Hill		
City			Palm City FL Zip Code 34990		
<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 <i>John P. Bracken</i> DATE <i>1-9-16</i>					
Filing Fee is \$50.00 Due by May 1, 2006					
Make check payable to Florida Department of State					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	MGRM BRACKEN, JOHN P 1 SUFFOLK SQUARE, STE. 300 ISLANDIA, NY 11749 <input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	MGR BRACKEN, JOHN P JR. 3132 SW 16TH PLACE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete				
<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"/> Delete				
<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"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input 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"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input 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"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<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 606, Florida Statutes.</b>					
SIGNATURE: <i>John P. Bracken</i> DATE: <i>1/10/06</i>					

30000494





ATTACHMENT

30000494

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2006

JPBRACK REALTY, LLC  
BRACKEN&MARGOLIN  
1 SUFFOLK SQ STE 300  
ISLANDIA, NY 11749 US

Subject: JPBRACK REALTY, LLC

Reference Number:

L05000013262

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

2/8/06 - FEIN inserted in block 4