

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014268

Entity Name: BANCO BRJ S/A , LLC

FILED
Jul 06, 2006
Secretary of State

Current Principal Place of Business:

600 CROWN OAK CENTER
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

600 CROWN OAK CENTER
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MENDEZ, CARLOS
600 CROWN OAK CENTER
LONGWOOD, FL 32750 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MENDEZ, CARLOS
Address: 600 CROWN OAK CENTER
City-St-Zip: LONGWOOD, FL 32750 OR

Title: MGR () Delete
Name: DE QUEIROZ, LUIZ AUGUSTO
Address: 600 CROWN OAK CENTER
City-St-Zip: LONGWOOD, FL 32750 OR

Title: MGR () Delete
Name: DE QUEIROZ, LUIZ CLAUDIO
Address: 600 CROWN OAK CENTER
City-St-Zip: LONGWOOD, FL 32750 OR

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARLOS MENDEZ

MGRM

07/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date