


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90027 001 \*\*\*\*50.00

**DOCUMENT # L05000015284**

1. Entity Name  
**BRAINERD INVESTORS, LLC**



Principal Place of Business      Mailing Address

**C/O OCEAN WALK PROPERTIES**      **C/O OCEAN WALK PROPERTIES**  
**315 N. ATLANTIC AVENUE**      **315 N. ATLANTIC AVENUE**  
**DAYTONA BEACH, FL 32118 US**      **DAYTONA BEACH, FL 32118 US**

**20038700**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04262006    Chg-LLC    CR2E083 (11/05)

4. FEI Number      Applied For

**20-2375957**      Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

**8. Name and Address of Current Registered Agent**

**FINCKE, GERALD B**  
**315 N. ATLANTIC AVENUE**  
**DAYTONA BEACH, FL 32118**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	FINCKE, GERALD B	
STREET ADDRESS	315 N. ATLANTIC AVENUE	
CITY - ST - ZIP	DAYTONA BEACH, FL 32118	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KARAMITOS, GEORGE	
STREET ADDRESS	717 N. ATLANTIC AVENUE	
CITY - ST - ZIP	DAYTONA BEACH, FL 32118	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MCDONALD, MARK C	
STREET ADDRESS	315 N. ATLANTIC AVENUE	
CITY - ST - ZIP	DAYTONA BEACH, FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Mark C. McDonald*      **4-26-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #