


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 15, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # L05000015284 1. Entity Name BRAINERD INVESTORS, LLC |  |
|--|---|

| | |
|---|---|
| Principal Place of Business C/O OCEAN WALK PROPERTIES 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 US | Mailing Address C/O OCEAN WALK PROPERTIES 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 US |
|---|---|



05102007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 20-2375957 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent FINCKE, GERALD B 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 |
|---|

**DO NOT WRITE
IN THIS SPACE**

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

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

U00000764500
05/30/07-80065-011 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FINCKE, GERALD B 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KARAMITOS, GEORGE 717 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MCDONALD, MARK C 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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* **5-10-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #