




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90046 036 ****50.00

DOCUMENT # L05000019235 1. Entity Name BREGOFF INVESTMENTS, LLC					
Principal Place of Business 789 SOUTH FEDERAL HIGHWAY STE 308 STUART, FL 34994			Mailing Address 789 SOUTH FEDERAL HIGHWAY STE 308 STUART, FL 34994		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: right; font-size: 1.2em; font-weight: bold;">40057906</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 04192006 Chg-LLC CR2E083 (11/05) </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> 4. FEI Number 83-0444253 </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;"> \$5.00 Additional Fee Required </div> </div>	
6. Name and Address of Current Registered Agent MADDEN, JOHN W ESQ 789 SOUTH FEDERAL HIGHWAY STE 308 STUART, FL 34994				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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee Is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BREGOFF, KEITH 789 SOUTH FEDERAL HIGHWAY STE 308 STUART, FL 34994 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			<div style="display: flex; justify-content: space-between;"> <div> 4/14/06 <small>Date</small> </div> <div> 772 226 3076 <small>Daytime Phone #</small> </div> </div>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					