

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:04

DOCUMENT # L05000022722																																																							
1. Entity Name BROWN INVESTMENTS, L.L.C.																																																							
Principal Place of Business P.O. BOX 550638 FORT LAUDERDALE, FL 33355 US			Mailing Address P.O. BOX 550638 FORT LAUDERDALE, FL 33355 US																																																				
2. Principal Place of Business			3. Mailing Address																																																				
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																				
City & State			City & State																																																				
Zip		Country		Zip																																																			
Country		Country		04262006 Chg-LLC CR2E083 (11/05)																																																			
4. FEI Number 20-2443997				Applied For ☐ Not Applicable																																																			
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required																																																			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																				
BROWN, GARY 2753 WEST STONEBROOK CIRCLE DAVIE, FL 33330			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 making change)																																																							
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		DATE																																																			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																																				
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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: GARY L. BROWN 4/26/06 954 894 8000																																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																							