

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90035 006 \*\*\*\*50.00

|  |                                      |                     |  |  |  |
|--|--------------------------------------|---------------------|--|--|--|
| <b>DOCUMENT # L05000027867</b><br>1. Entity Name<br><b>3 BROTHERS INVESTMENTS LLC</b>  |                                      |                     |  |  |  |
| Principal Place of Business<br><b>225 RICHLAND AVENUE<br/>MERRITT ISLAND, FL 32953</b>   |                                      |                     | Mailing Address<br><b>225 RICHLAND AVENUE<br/>MERRITT ISLAND, FL 32953</b> |  |  |
| 2. Principal Place of Business   |                                      | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc. |  |  |  |
| City & State   |                                      | City & State        |  |  |  |
| Zip  | Country                              | Zip                 | Country  |  |  |
| 6. Name and Address of Current Registered Agent  |                                      |                     |  | 7. Name and Address of New Registered Agent                        |  |
| <b>KOZLAK, DEAN<br/>225 RICHLAND AVENUE<br/>MERRITT ISLAND, FL 32953</b>   |                                      |                     |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
|  |                                      |                     |  | <b>FL</b> 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 reinstating)      DATE _____   |                                      |                     |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |                                      |                     |  | <b>Make check payable to<br/>Florida Department of State</b>       |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                      |                     | 10. ADDITIONS/CHANGES  |  |  |
| TITLE  | MGR <input type="checkbox"/> Delete  |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | KOZLAK, DEAN                         |                     | NAME   |  |  |
| STREET ADDRESS   | 225 RICHLAND AVENUE                  |                     | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | MERRITT ISLAND, FL 32953             |                     | CITY-ST-ZIP  |  |  |
| TITLE  | MGRM <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | KOZLAK, BRIAN                        |                     | NAME   |  |  |
| STREET ADDRESS   | 225 RICHLAND AVENUE                  |                     | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | MERRITT ISLAND, FL 32953             |                     | CITY-ST-ZIP  |  |  |
| TITLE  | MGRM <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | KOZLAK, EDWARD J JR                  |                     | NAME   |  |  |
| STREET ADDRESS   | 3224 DALHI STREET                    |                     | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | CANAVARAL GROVES, FL 32926           |                     | CITY-ST-ZIP  |  |  |
| TITLE  | <input type="checkbox"/> Delete      |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                      |                     | NAME   |  |  |
| STREET ADDRESS   |                                      |                     | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP  |  |  |
| TITLE  | <input type="checkbox"/> Delete      |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                      |                     | NAME   |  |  |
| STREET ADDRESS   |                                      |                     | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP  |  |  |
| TITLE  | <input type="checkbox"/> Delete      |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                      |                     | NAME   |  |  |
| STREET ADDRESS   |                                      |                     | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |                                      |                     | 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 606, Florida Statutes. |                                      |                     |  |  |  |
| <b>SIGNATURE: Dean Kozlak</b>  |                                      |                     | <b>4-11-06 321-544-9919</b>  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                      |                     | Date      Daytime Phone #  |  |  |