



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 06, 2006 8:00 am
Secretary of State

05-01-2006 90077 008 ****50.00

DOCUMENT # L05000034072				
1. Entity Name BRANTLEY HEIGHTS, L.L.C.				
Principal Place of Business 5150 BELFORT ROAD, BUILDING 100 JACKSONVILLE, FL 32256		Mailing Address 5150 BELFORT ROAD, BUILDING 100 JACKSONVILLE, FL 32256		
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
SCHNEIDER, MICHAEL N 5150 BELFORT ROAD, BUILDING 100 JACKSONVILLE, FL 32256				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>				
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES
TITLE	MGRM Jamie Adley 933 Beville Rd. Ste 103-F South Daytona, FL 32119	<input type="checkbox"/> Delete		
NAME				
STREET ADDRESS CITY-ST-ZIP				
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				
STREET ADDRESS CITY-ST-ZIP				
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				
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: 		3/20/06 904 296 0100		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		