## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

DOCUMENT # L05000034514  1. Entity Name CLIMATIZED DEVELOPMENT BRANNEN FIELD, LLC			i			Secretary of State 04-25-2007 90046 032 ****50.00			
Principal Place of Business 1610 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034		Mailing Address 1610 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034		DARANAT					
					I IRRIGAN RU				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092007	Chg-LLC	CR2E083 (12/06	)		
City & State		City & State		4. FEI Number 20-265			Applied For		
Zip	Country	Zip	Coun	try		of Status Desired	55.00 A	dditional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Ro	egistered Agent		
MILLER, D 303 CENT FERNAND			Street Addres	f. M:1) But s (P.O. Box Numb auth 8th	er is Not Acceptable	)			
				City	NDIVA BE	per H	FL Zip Co	de <b>a</b> 4	
	named entity submits this statement fortions of registered agent.	r the purpose of changing its	registere	ed office or regis	tered agent, or bo	th, in the State of Flo	rida. I am familiar with	n, and accept	
	Signature, typed or printed name of registered agong	and title if applicable. (NOTE	: Registerer	d Agent signature requ	red when remotating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007									
							e check payable to Department of Sta	ite	
9.	MANAGING MEMBE	RS/MANAGERS	10.				Department of Sta	ite	
9.	MANAGING MEMBE	RS/MANAGERS	TITLE	1		Florida	Department of Sta		
9.	MANAGING MEMBE	☐ Detete	NAM STRE	1		Florida	Department of Sta		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM MILLER, DAVID F SR 1610 SOUTH 8TH STREET FERNANDINA BEACH, FL 3203 MGRM	☐ Detete	NAM STRE	E ET ADDRESS -ST-ZIP		Florida	Department of Sta	-	
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11. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF PRINTED WARRAING MEMBER MANAGES, OR AUTHORIZED REPRESENTA

904-277-6727

Daytme Phone #