

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037931

Entity Name: BROCK CENTER, LLC

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

525 RIDGE DR.
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

525 RIDGE DR.
NAPLES, FL 34108

New Mailing Address:

FEI Number: 26-0113648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, JOHN CLAYTON
525 RIDGE DR.
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MRS. () Delete
Name: BORDEAU, SANDRA R
Address: 1366 OSPREY AVE
City-St-Zip: NAPLES, FL 34102

Title: MR. () Delete
Name: BORDEAU, NELSON A
Address: 1366 OSPREY AVE.
City-St-Zip: NAPLES, FL 34119

Title: MRS. () Delete
Name: SCOTT, MARIE P
Address: 525 RIDGE DRIVE
City-St-Zip: NAPLES, FL 34108

Title: MR. () Delete
Name: SCOTT, JOHN C
Address: 525 RIDGE DRIVE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIE P. SCOTT

PART

01/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date