2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2006 8:00 am Secretary of State 04-07-2006 90210 019 ****50.00

855 SEVENTH STREET SOUTH 700 ELEVENTH STREET SOUTH, PH 2 NAPLES, FL 34102 NAPLES, FL 34102	DOCUN 1. Entity Name BRENTWO	MENT # L05000045)	04-07-200	0 90210 019	30.00	
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S. Certificate of Status Desired \$5.00 Additional Fee Required \$5.00 Additional Fee Required \$6.00 Additional Fee Requ	City & State		City & State		4. FEI Number	513 860		·
CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL. 32301-1283	Zip	Country	Zip	Country	i			
CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. TALLARASSEE, FL 32301-1283 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar war, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar war, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar war, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar war, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar war, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar war, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar war, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar war, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar war, and accept the obligation of the florids agent war, and accept the obligation of the florids agent war, and accept the obligation of the florids agent war, and accept the florids agent war, and accept the florids agent war, and accept agent war, and accept the florids agent war, and accept agent war, and accep		6. Name and Address of Curren	t Registered Agent	Name	7. Name and	Address of New Re	gistered Agent	
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8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am terminar with, and accept the obligations of registered agent. SIGNATURE					·· 			
SIGNATURE: Signature, need by printed registered agent. (NOTE Registered Agent				City		•===	FL Zip Cod	le
Filing Fee is \$50.00 Make check payable to Florida Department of State 9.	8. The above the obligation	named entity submits this statement ons of registered agent.	for the purpose of changing its re	gistered office or regis	tered agent, or bo	th, in the State of Flor	ida. Tam lamihar with,	and accept
P. ST MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGR Debte TITLE Debte	SIGNATURE _	Signature, typed or printed name of registered age:	nt and title if applicable (NOTE, F	Registered Agent signature requi	ired when reinstating)		DATE	
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