


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90050 033 ****50.00

DOCUMENT # L05000045699	
1. Entity Name BRENTWOOD LLC	

Principal Place of Business 855 SEVENTH STREET SOUTH NAPLES, FL 34102	Mailing Address 700 ELEVENTH STREET SOUTH, PH 2 NAPLES, FL 34102
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2. Principal Place of Business - No P.O. Box # 700 Eleventh Street South		3. Mailing Address 4710 15th Ave SW	
Suite, Apt. #, etc. PH2		Suite, Apt. #, etc.	
City & State Naples FL		City & State Naples FL	
Zip 34102	Country Collier	Zip 34116	Country Collier

01112007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283		7. Name and Address of New Registered Agent Name: Candace B. Morrison Street Address (P.O. Box Number is Not Acceptable) 4710 15th Ave SW. City: Naples FL Zip Code: 34116	
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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: *Candace B. Morrison* DATE: 1/15/07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FICUS GROUP LLC 855 SEVENTH STREET SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Candace B. Morrison - op. mgr.* DATE: 1/15/07 DAYTIME PHONE: 239-289-6807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Candace B. Morrison