2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000045699

1. Entity Name **BRENTWOOD LLC**

FILED Jul 16, 2008 08:00 AM Secretary of State

Principal Place of Business

700 ELEVENTH STREET SOUTH

PH2

DO NOT WRITE IN THIS SPACE

4710 15TH AVE SW NAPLES, FL 34116

Mailing Address

NAPLES, FL 34102



03102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2513860

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, CANDACE B 4710 15TH AVE SW NAPLES, FL 34116

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	e named entity submits this statement for the purpose of cha	anging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
Ü	, ,		
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Rugistered Agent signature required when reinstating)	FIAC)
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBER\$/MANAGERS		
TITLE	MGR		•
NAME	FICUS GROUP LLC	ř	•
STREET ADDRESS	855 SEVENTH STREET SOUTH		lindonoceeten
CITY-ST-ZIP	NAPLES, FL 34102	k.	U00000955159
THTLE			ย//16/ับชี-ซีบี่บั้วีรี-ับ13 538.75

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STREET ADDRESS

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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

MOULON-Cundace B. MOVVISON

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

239.430.4306

Daylote Phone #