


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90046 039 ****50.00

| | |
|---|---|
| DOCUMENT # L05000046700 |  |
| 1. Entity Name BROWN INVESTMENT COMPANY, L.L.C. | |

| | |
|---|---|
| Principal Place of Business 1210 GLASTONBERRY RD. MAITLAND, FL 32751 | Mailing Address 1210 GLASTONBERRY RD. MAITLAND, FL 32751 |
|---|---|



| | | | |
|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04142006 Chg-LLC CR2E083 (11/05)

4. FEI Number ☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| BROWN, ALAN W 1210 GLASTONBERRY RD. MAITLAND, FL 32751 | |

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reissuing) **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | |
|-------------------------------------|---|
| TITLE | MGR <input type="checkbox"/> Delete |
| NAME | BROWN, ALAN W |
| STREET ADDRESS | 1210 GLASTONBERRY RD. |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | MGRM <input type="checkbox"/> Delete |
| NAME | BROWN, JEANIE K |
| STREET ADDRESS | 1210 GLASTONBERRY RD. |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 10. ADDITIONS/CHANGES | |
|------------------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

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

Date

Daytime Phone #

Alan W. Brown

4/14/06

407-265-0239