

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**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**



04182008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resetting)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000912994  
05/07/08-80102-010 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
**MGR**  
NAME  
**BROWN, ALAN W**  
STREET ADDRESS  
**1210 GLASTONBERRY RD.**  
CITY-ST-ZIP  
**MAITLAND, FL 32751**

TITLE  
**MGRM**  
NAME  
**BROWN, JEANIE K**  
STREET ADDRESS  
**1210 GLASTONBERRY RD.**  
CITY-ST-ZIP  
**MAITLAND, FL 32751**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Alan W. Brown*

*4/18/08*

*407-265-0239*