

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047942

**FILED**  
**Jan 10, 2006**  
**Secretary of State**

**Entity Name:** LAS BRISAS BUSINESS CENTER, LLC

**Current Principal Place of Business:**

5131 INDUSTRY DRIVE  
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

5131 INDUSTRY DRIVE  
# 101  
MELBOURNE, FL 32940 US

**Current Mailing Address:**

5131 INDUSTRY DRIVE  
MELBOURNE, FL 32940 US

**New Mailing Address:**

5131 INDUSTRY DRIVE  
# 101  
MELBOURNE, FL 32940 US

FEI Number: 33-1126151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARRY, WALLINGFORD  
5131 INDUSTRY DRIVE  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

BARRY, WALLINGFORD  
5131 INDUSTRY DRIVE  
# 101  
MELBOURNE, FL 32940 US

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.

SIGNATURE: BARRY WALLINGFORD

01/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WALLINGFORD, BARRY  
Address: 5131 INDUSTRY DRIVE  
City-St-Zip: MELBOURNE, FL 32940 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WALLINGFORD, BARRY  
Address: 5131 INDUSTRY DRIVE # 101  
City-St-Zip: MELBOURNE, FL 32940 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARRY WALLINGFORD

MGRM

01/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date