

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051952

Entity Name: STATELAND BROWN, L.L.C.

FILED  
Feb 10, 2009  
Secretary of State

## Current Principal Place of Business:

7429 LOUDON LANE  
THORNHILL ESTATES  
BOCA RATON, FL 33433

## Current Mailing Address:

7429 LONDON LANE  
THORNHILL ESTATES  
BOCA RATON, FL 33433

## New Principal Place of Business:

22095 LAS BRISAS CIRCLE  
105  
BOCA RATON, FL 33433

## New Mailing Address:

22095 LAS BRISAS CIRCLE  
105  
BOCA RATON, FL 33433

FEI Number: 20-5925850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STATLANDER, DANIEL  
7429 LONDON LANE  
THORNHILL ESTATES  
BOCA RATON, FL 33433 US

## Name and Address of New Registered Agent:

STATLANDER, DANIEL  
22095 LAS BRISAS CIRCLE  
APT 105  
BOCA RATON, FL 33433 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:

02/10/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: STATLANDER, DANIEL  
Address: 7429 LONDON LANE, THORNHILL ESTATES  
City-St-Zip: BOCA RATON, FL 33433

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: STATLANDER, DANIEL  
Address: 22095 LAS BRISAS CIRCLE APT 105  
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL STATLANDER

MGRM

02/10/2009

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