

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 31, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90030 016 \*\*\*\*50.00

<b>DOCUMENT # L05000054590</b>					
<b>1. Entity Name</b> BROKEN INVESTMENTS, LLC					
<b>Principal Place of Business</b> 1104 BUCKBEAN BRANCH LANE EAST JACKSONVILLE, FL 32259			<b>Mailing Address</b> 1104 BUCKBEAN BRANCH LANE EAST JACKSONVILLE, FL 32259		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02092006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 20-2901102				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BENSON, GARY A 2955 HARTLEY ROAD, SUITE 101 JACKSONVILLE, FL 32257			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL _____ Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2008</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> KENNINGTON, BRADLEY <b>STREET ADDRESS</b> 1104 BUCKBEAN BRANCH LANE EAST <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> Dale W. Kennington <b>STREET ADDRESS</b> 433 Woodland Dr. <b>CITY-ST-ZIP</b> Dothan, AL 36301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> ANN BROOKS ORDERS TRUST <b>STREET ADDRESS</b> 433 WOODLAND DRIVE <b>CITY-ST-ZIP</b> DOTHAN, AL 36301	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Bradley T. Kennington</i> <i>Bradley H. Kennington</i>			<i>4/14/06</i>		<i>904-881-2822</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>