

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90033 016 \*\*\*\*50.00

**60001235**



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               |                                                              |                                                                                           |                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000056703</b><br>1. Entity Name<br><b>BRYTON PROPERTIES, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                              |                                                                                           |                                                                   |  |
| Principal Place of Business<br><b>6650 N FEDERAL HIGHWAY<br/>240<br/>FORT LAUDERDALE, FL 33308 US</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                               |                                                              | Mailing Address<br><b>6650 N FEDERAL HIGHWAY<br/>240<br/>FORT LAUDERDALE, FL 33308 US</b> |                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               | 3. Mailing Address                                           |                                                                                           |                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               | Suite, Apt. #, etc.                                          |                                                                                           |                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               | City & State                                                 |                                                                                           |                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                                       | Zip                                                          | Country                                                                                   |                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               | 01112006 Chg-LLC                                             |                                                                                           | CR2E083 (11/05)                                                   |  |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                               |                                                              |                                                                                           | Applied For<br>Not Applicable                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                              |                                                                                           | <b>\$5.00</b> Additional Fee Required                             |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               |                                                              | 7. Name and Address of New Registered Agent                                               |                                                                   |  |
| <b>BRYAN, JAMES W<br/>6650 N FEDERAL HIGHWAY<br/>240<br/>FORT LAUDERDALE, FL 33308</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                              | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 reinstating) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                               |                                                              |                                                                                           |                                                                   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               | <b>Make check payable to<br/>Florida Department of State</b> |                                                                                           |                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                              | 10. ADDITIONS/CHANGES                                                                     |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGRM<br/>BRYAN, JAMES W<br/>6650 N FEDERAL HIGHWAY, #240<br/>FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGR<br/>BRYAN, DENISE B<br/>6650 N FEDERAL HIGHWAY, #240<br/>FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGR<br/>SEXTON, DAVID W JR<br/>6899 SW 50TH STREET<br/>DAVIE, FL 33314</b> <input type="checkbox"/> Delete                 |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGR<br/>SEXTON, ANTONIA M<br/>6899 SW 50TH STREET<br/>DAVIE, FL 33314</b> <input type="checkbox"/> Delete                  |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                               |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                               |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 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>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                              | <b>JAMES W BRYAN</b>                                                                      |                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                               |                                                              | Date <b>1/11/06</b> Daytime Phone # <b>954 772-7655</b>                                   |                                                                   |  |