
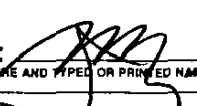


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90050 011 \*\*\*\*50.00

<b>DOCUMENT # L05000056703</b> 1. Entity Name <b>BRYTON PROPERTIES, LLC</b>					
Principal Place of Business <b>6650 N FEDERAL HIGHWAY 240 FORT LAUDERDALE, FL 33308 US</b>			Mailing Address <b>6650 N FEDERAL HIGHWAY 240 FORT LAUDERDALE, FL 33308 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6550 N. Federal Hwy</b> Suite, Apt. #, etc. <b>Suite 240</b>		3. Mailing Address <b>6550 N. Federal Hwy</b> Suite, Apt. #, etc. <b>Suite 240</b>			
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>			
Zip <b>33308</b>		Country <b>USA</b>		Zip <b>33308</b>	
Country <b>USA</b>		4. FEI Number <b>NOT APPLICABLE</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>BRYAN, JAMES W 6650 N FEDERAL HIGHWAY 240 FORT LAUDERDALE, FL 33308</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6550 N. Federal Highway</b> <b>Suite 240</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33308</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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRYAN, JAMES W 6650 N FEDERAL HIGHWAY, #240 FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Bryan, James W. 6550 N. Federal Highway, #240 Fort Lauderdale, FL 33308</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BRYAN, DENISE B 6650 N FEDERAL HIGHWAY, #240 FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Bryan, Denise B. 6550 N. Federal Highway, #240 Fort Lauderdale, FL 33308</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SEXTON, DAVID W JR 6899 SW 50TH STREET DAVIE, FL 33314</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SEXTON, ANTONIA M 6899 SW 50TH STREET DAVIE, FL 33314</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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> <b>1/30/07</b> <b>(954) 772-7655</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					