

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000062477

1. Entity Name  
BRYANT BLOCK VENTURE, LLC



Principal Place of Business  
306 E. MAIN ST. STE 200  
LAKE LAND, FL 33801

Mailing Address  
P.O. BOX 90517  
LAKE LAND, FL 33804



04092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3048610

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WAKEMAN, WILLIAM H III  
306 E. MAIN ST. STE 200  
LAKE LAND, FL 33801

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	INSURETECH, INC.
STREET ADDRESS	P.O. BOX 90517
CITY-ST-ZIP	LAKE LAND, FL 33801
TITLE	MGRM
NAME	FOX RUN ESTATES, LIMITED
STREET ADDRESS	3028 BEECH MTN. PKWY.
CITY-ST-ZIP	BANNER ELK, NC 28604
TITLE	MGRM
NAME	DOUBLE R RESOURCES, INC.
STREET ADDRESS	1102 DREW ST.
CITY-ST-ZIP	LAKE LAND, FL 33810
TITLE	MGRM
NAME	BEHRMANN, VICTOR O
STREET ADDRESS	8306 SUGARBUSH DR.
CITY-ST-ZIP	SPRING HILL, FL 34606

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Wm. H. Wakeman III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-11-07

Date

563 658-4441

Daytime Phone #