

**2008-LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000062477

1. Entity Name
BRYANT BLOCK VENTURE, LLC



Principal Place of Business
**306 E. MAIN ST. STE 200
LAKELAND, FL 33801**

Mailing Address
**P.O. BOX 90517
LAKELAND, FL 33804**



04092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3048610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WAKEMAN, WILLIAM H III
306 E. MAIN ST. STE 200
LAKELAND, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000896056
04/24/08-80092-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INSURETECH, INC. P.O. BOX 90517 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOX RUN ESTATES, LIMITED 3026 BEECH MTN. PKWY. BANNER ELK, NC 28604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOUBLE R RESOURCES, INC. 1102 DREW ST. LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEHRMANN, VICTOR O 8306 SUGARBUSH DR. SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4-9-08 863 688-4441
Date Daytime Phone #