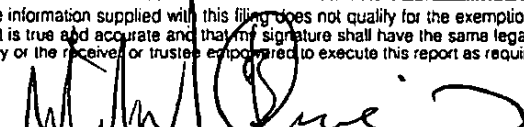


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT-(AR)

DOCUMENT # L05000078054 1. Entity Name MICHAEL R. BRISENO LLC						FILED 06 MAR -9 AM 10:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business P.O. BOX 371 INTERLACHEN FL 32148				Mailing Address P.O. BOX 371 INTERLACHEN FL 32148			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E083 (10/05)		4. FEI Number Applied For ☒ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent BRISENO, MICHAEL R 110 TROPIC AVE. INTERLACHEN FL 32148				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ 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 resigning) _____ DATE _____							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____							