

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078778

Entity Name: TRUE BROTHERS, LLC

FILED
Jul 30, 2006
Secretary of State

Current Principal Place of Business:

217 POPLAR AVE.
FT. WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

217 POPLAR AVE.
FT. WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 20-3446795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BETTS, ALEX
217 POPLAR AVE.
FT. WALTON BEACH, FL 32548 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLORENCE, SHERMAN
Address: 7162 RIVERVIEW ST.
City-St-Zip: NAVARRE,, FL 32566 US

Title: MGRM () Delete
Name: BETTS, ALEX
Address: 217 POPLAR AVE.
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: MGRM () Delete
Name: BRADLEY, THOMAS
Address: 18327 TRACE GLEN LN.
City-St-Zip: HOUSTON, TX 77083 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALEX BETTS

MGRM

07/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date