


2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90196 025 ****50.00

DOCUMENT # L05000084007 1. Entity Name THE BRERETON GROUP, LLC					
Principal Place of Business 5811 PELICAN BAY BOULEVARD, SUITE 203 NAPLES, FL 34108			Mailing Address 5811 PELICAN BAY BOULEVARD, SUITE 203 NAPLES, FL 34108		
2. Principal Place of Business - No P.O. Box # 4380 Gulf Shore Blvd. N.		3. Mailing Address 4380 Gulf Shore Blvd. N.			
Suite, Apt. #, etc. Suite 806		Suite, Apt. #, etc. Suite 806			
City & State Naples FL		City & State Naples, FL		4. FEI Number 20-3362801	
Zip 34103		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THE BRERETON COMPANY 5811 PELICAN BAY BOULEVARD, SUITE 203 NAPLES, FL 34108		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 4380 GULF SHORE BLVD N SUITE 806 City Naples FL Zip Code 34103			
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 <i>[Signature]</i> DATE 2/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete BRERETON, WILLIAM R 5811 PELICAN BAY BOULEVARD NAPLES, FL 34108		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4380 GULF SHORE BLVD N SUITE 806 NAPLES, FL 34103	
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	
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	
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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.					
SIGNATURE <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 2/13/07 <small>Daytime Phone #</small>		