2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000084525

1. Entity Name
137 WEST BROWNING, LLC

Principal Place of Business	Mailing Address
137 WEST BROWNING DR. WEST PALM BEACH, FL 33406	8587 THOUSAND PINES COURT WEST PALM BEACH, FL 33413 US

07232008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3375636
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RICHARD T
901 N. OLIVE AVENUE
WEST PALM BEACH, FL 33401

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6. 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 reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	JONES, ELEANOR
STREET ADDRESS	8587 THOUSAND PINES COURT
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	MGRM
NAME	JONES, DAN
STREET ADDRESS	8587 THOUSAND PINES COURT
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	MGRM
NAME	CIANFRONE, MICHELE
STREET ADDRESS	7095 HIGH SIERRA CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	MGRM
NAME	CIANFRONE, JOHN
STREET ADDRESS	7095 HIGH SIERRA CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	MGRM
NAME	DAY, MAUREEN
STREET ADDRESS	354 WEST WOOD CIRCLE WEST
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	MGRM
NAME	DAY, TIM
STREET ADDRESS	354 WEST WOOD CIRCLE WEST
CITY-ST-ZIP	WEST PALM BEACH, FL 33411

U00000358483
07/28/08-80008-027 138.75

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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: _____ 7-23-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date
Daytime Phone #