

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084525

Entity Name: 137 WEST BROWNING, LLC

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

137 WEST BROWNING DR.
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

8587 THOUSAND PINES COURT
WEST PALM BEACH, FL 33413 US

New Mailing Address:

FEI Number: 20-3375636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: JONES, ELEANOR
Address: 8587 THOUSAND PINES COURT
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: MGRM () Delete
Name: JONES, DAN
Address: 8587 THOUSAND PINES COURT
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: MGRM () Delete
Name: CIANFRONE, MICHELE
Address: 7095 HIGH SIERRA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33414 US

Title: MGRM () Delete
Name: CIANFRONE, JOHN
Address: 7095 HIGH SIERRA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33414 US

Title: MGRM () Delete
Name: DAY, MAUREEN
Address: 354 WEST WOOD CIRCLE WEST
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: MGRM () Delete
Name: DAY, TIM
Address: 354 WEST WOOD CIRCLE WEST
City-St-Zip: WEST PALM BEACH, FL 33411 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARY L CONTESSA

CPA

04/17/2009

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