


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90019 023 ****50.00

DOCUMENT # L05000091276		
1. Entity Name BRANDENTON ASSOCIATES, LLC		

Principal Place of Business 201 E KENNEDY BLVD., SUITE 1500 TAMPA, FL 33602-5172	Mailing Address 201 E KENNEDY BLVD., SUITE 1500 TAMPA, FL 33602-5172
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20038278



2. Principal Place of Business		3. Mailing Address % Kustal & Ferber, P.C. 237 West 35 TH St. Suite 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State New York City, N.Y.	
Zip	Country	Zip	Country
		10001	USA

01162006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3475327	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GRANER, THOMAS U 2000 GLADES ROAD, SUITE 412 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEMBO, MIKE 201 E KENNEDY BLVD., SUITE 1500 TAMPA, FL 336025172 <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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	3/31/06 Date	Daytime Phone #
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