

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000094271**

1. Entity Name  
**BROOK HOUSE PROPERTIES OF PASCO COUNTY, LLC**



Principal Place of Business  
**C/O BRITISH SHOP  
8228 SR 52  
HUDSON, FL 34667 US**

Mailing Address  
**C/O BRITISH SHOP  
8228 SR 52  
HUDSON, FL 34667 US**



04122008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3535807**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MASCARA, ERNEST L  
THE KRESS BUILDING, SUITE 202  
475 CENTAL AVENUE  
ST PETERSBURG, FL 33701**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000927159  
05/20/08-80095-019 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
LEVENSON, MICHAEL  
2001 DECARLO AVENUE  
SPRING HILL, FL 34611**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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: *Michael Levenson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4 23*

Date

Daytime Phone #