

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90022 049 ****55.00

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1. Entity Name
BARNETT Q. BROOKS & ASSOCIATES L.L.C.



Principal Place of Business
 413 S BLVD OF THE PRESIDENT
 SARASOTA, FL 34236

Mailing Address
 413 S BLVD OF THE PRESIDENT
 SARASOTA, FL 34236

2. Principal Place of Business
1800 Second Street

3. Mailing Address
SAME

Suite, Apt. #, etc.
#888

Suite, Apt. #, etc.

City & State
Sarasota FL

City & State

Zip
34236

Country

Zip

Country



04212006 Chg-LLC CR2E083 (11/05)

4. FEI Number
EIN 11-3759919

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BROOKS, BARNETT Q ESQ
413 S BLVD OF THE PRESIDENT
SARASOTA, FL 34236

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
BROOKS, BARNETT Q ESQ
413 S BLVD OF THE PRESIDENT
SARASOTA, FL 34236 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change 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:

Date: **April 24, 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #