


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jun 22, 2006 8:00 am  
Secretary of State

05-02-2006 90027 002 \*\*\*\*50.00

DOCUMENT # L05000100172	
1. Entity Name BRAZELL PROPERTIES, LLC	

Principal Place of Business POST OFFICE BOX 835 FERNANDINA BEACH, FL 32035	Mailing Address POST OFFICE BOX 835 FERNANDINA BEACH, FL 32035
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BRENNAN,MANNA & DIAMOND, P.L. 76 SOUTH LAURA STREET STE 2110 JACKSONVILLE, FL 32202
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7. Name and Address of New Registered Agent Name <u>BRAZELL, RICKY</u> Street Address (P.O. Box Number is Not Acceptable) <u>11329 ASTON HALL DR</u> City <u>JACKSONVILLE</u> FL Zip Code <u>32246</u>
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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 <u>Ricky A. Brazell</u> <u>RICKY BRAZELL</u>	DATE <u>4/25/06</u>

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	MGR BRAZELL, RICKY POST OFFICE BOX 835 FERNANDINA BEACH, FL 32035 <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: <u>RICKY BRAZELL</u> <u>Ricky A. Brazell</u>	Date <u>4-26-06</u>