2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

04-27-2006 90013 031 ****50 00

4.25.06

DOCUMENT # L05000108815 1. Entity Name BRANSTAR LLC							04-27-200	6 90013	031 ****	50.00	
Principal Place 700 ELEVEN NAPLES, FL	TH STREET S		Mailing Address 700 ELEVENTH STREET SOUTH, PH2 NAPLES, FL 34102-6777				I 79 iti 61111 88iA 88114 681	T i 53 5 11 8817 13	8/11/10/31/1/17/1/17/1/17/1	13 1 50 10 1 1	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01232006	Chg-LLC	CR2E	083 (11/05)		
City & State			City & State			4. FEI Numb	er		 	plied For t Applicable	
Zíp	p Country		Zip Coun		itry	5. Certificati			\$5.00 Add Fee Required		
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
ABLE ADVISORY INC. 700 ELEVENTH STREET SOUTH, PH2			Street Addr			ss (P.O. Box Numi	(P.O. Box Number is Not Acceptable)				
NAPLES, FL 34102-6777								· -			
			-		City			FL	- 1		
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											
Filing Fee is \$50.00. Due by May 1, 2006						•			payable to nent of State		
9. ,	· · · · · · · · · · · · · · · · · · ·	MANAGING MEMBEI		10.			ADDITIONS	/CHANGES			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANSTC 6618 ILEX NAPLES, I		☐ Delete		· [☐ Change	Addition	
TITLE	MGRM		☐ Delete	TITL	E				☐ Change	Addition	
NAME STREET ADDRESS	6618 ILEX	-			EET ADDRESS					' 'I	
CITY-ST-ZIP	NAPLES,	FL 34109	☐ Delete	TITL	F. ST-ZIP				Change	Addition	
NAME STREET ADDRESS				NAA Str	AE EET ADORESS						
CITY+ST-ZIP	-		□ patris		(· ST · ZiP				☐ Change	☐ Addition	
TITLE NAME			☐ Delete	. TITL	AE .				C) cominge	☐ Youthou	
STREET ADDRESS CITY+ST-ZIP					EET AODRESS 7-ST-ZIP	~					
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NAME STREET ADORESS					EET ADDRESS					ļ	
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11. I hereby certify that the information supplied with this filling 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 trygtee empowered to execute this report as required by Chapter 608, Florida Statutes.											

SIGNATURE AND TYPEO OR BUFFED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE