

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110091

FILED
Apr 15, 2008
Secretary of State

Entity Name: ROBERT SHELDON BROWN LLC

Current Principal Place of Business:

817 NE 34TH STREET
OAKLAND PARK, FL 33334

New Principal Place of Business:

3528 NW 10TH AVE
OAKLAND PARK, FL 33309

Current Mailing Address:

1400 OCEAN DRIVE
902A
CORPUS CHRISTI, TX 78404 US

New Mailing Address:

3528 NW 10TH AVE
OAKLAND PARK, FL 33309

FEI Number: 26-0902896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, ROBERT S
817 NE 34TH STREET
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

BROWN, ROBERT S
1855 SE 4 STREET
POMPANO BEACH, FL 33060 US

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.

SIGNATURE:

04/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROWN, ROBERT S
Address: 817 NE 34TH ST.
City-St-Zip: OAKLAND PARK, FL 33334

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWN, ROBERT S
Address: 1855 SE 4 STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGR () Change (X) Addition
Name: PORTL, LAWRENCE F JR
Address: 2443 SW 42ND TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT S BROWN

MGRM

04/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date