2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED
Jan 12, 2007 8:00 am
Secretary of State

DOCUI 1. Entity Nam JUST BRI			٨	01-12-2007 9	•				
Principal Place 12619 IDAHO ORLANDO, FL	O WOODS LANE	Mailing Address 12619 IDAHO WOODS LAN ORLANDO, FL 32824	NE		i impilati di ii	nneg gnu mutu wall âd î î î		IIII 20 17 6 11	, , , , , , , , , , , , , , , , , , , ,
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3812 Creek Way Out 3812 Creek Suite, Apt. #, etc.			- WayC	ourt	01032007	Chg-LLC	CR2E083	itii Batu aati	
Pant			FL.		4. FEI Numbe	5 FOR 65-12		No	plied For Applicable
33563	Country	33563	Country			of Status Desired	ፖ\ Fee	.00 Addi Required	
	6. Name and Address of Current	Registered Agent	Nome		7. Name and	Address of New Re	gistered Ager	nt	
NAGY, LESA Name Mar					lee Jacquette				
12619 IDAHO WOODS LANE				Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO), FL 32824		38	12 (reek	Way (A	uct	***	
* 1	SIZ Creek Way Court						<u> </u>		
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	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gisterea onice ai	registere	a agent, or bot	n, in the State of Fior	ida. Tam iami	liai Witti, a	али ассері
SIGNATURE MANLY FACQUELLE 1/9/07									
70	Signature, typed or printed name of redistered agent a	and tile if applicable. (NOTE: Re	egistered Agent signat	ure required v	vhen reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007							check paya Department		
9.									
	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/0	CHANGES		
TIFLE	MGRM	RS/MANAGERS Delete	TITLE			ADDITIONS/0		Change	☐ Addition
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1 1	MGRM		TITLE			ADDITIONS/0		Change	Addition .
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MANAGER, OR AUTHORIZED REPRESENTATIVE