2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #L05000112293

FILED Mar 02, 2006 8:00 am Secretary of State 02-09-2006 90148 015 ****50.00

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DOCUMENT # L05000112293 1. Entity Name BROOKSVILLE, L.L.C.					02-09-2	2006 901 48	3 015 *	
Principal Place of Business Mailing Address 2390 RING ROAD 2390 RING ROAD SPRING HILL, FL 34609 SPRING HILL, FL 3460		9		TO LEAD ON THE THE THE THE THE HIND WAS HARRIED WAS A LINE OF THE				
2. Principal Place of Business	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			02032006	Chg-LLC	CR2E083 ((11/05)	
City & State	City & State			4. FEI Numb			Not	Applicable
Zip Country	Zip	ip Count		5. Certificate of Status Desired 55.00 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name					
RILEY, STEVEN P 4805 W. LAUREL STREET			Street Address (P.O. Box Number is Not Acceptable)					
SUITE 230 TAMPA, FL 33607				-				
			City				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 Signature, types or protect rems of registered agent and lide of applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$50.00 Due by May 1, 2006						te check paya a Department		
- PROSIDENT - MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS			
MALE DAMIEL J. KIC NAME STREET ADDRESS 2390 RIAG RI	REET ADDRESS 2390 RIAG RO.						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deleta						Change .	☐ Addition
IITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete 177 MA. SIS						Change	☐ Addition
TITLE HAME STREET ADDRESS GITY-ST-ZIP	☐ Delete		1	•] Change ⁻	Addition :
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Detale						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete) Change	Addition
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 trusted empowered to execute this report as required by Chapter 608, Rorida Statutes. SIGNATURE: 2 2/3/0 6/352-686-2222 scharture and the true for the statutes and the statutes are true for the statutes and the statutes and the statutes are true for the statutes ar								



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2006

BROOKSVILLE, L.L.C. 2390 RING ROAD SPRING HILL, FL 34609

. Subject: BROOKSVILLE, L.L.C.

Reference Number:

L05000112293

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION