

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116805

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: BARBARA & PALMER BROOKS, LLC

**Current Principal Place of Business:**

11714 N. ROME AVENUE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

11714 N. ROME AVENUE  
TAMPA, FL 33612

**New Mailing Address:**

FEI Number: 20-3905610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROOKS, BARBARA C  
11714 N. ROME AVENUE  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

BROOKS, HENRY P SR  
11714 N. ROME AVENUE  
TAMPA, FL 33612 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: HENRY P. BROOKS, SR.

02/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DICKS, SHARON B  
Address: 1809 SWEET BAY COURT  
City-St-Zip: PLANT CITY, FL 33566

Title: MGRM ( ) Delete  
Name: BROOKS, HENRY P JR.  
Address: 13408 GULF CREST WAY  
City-St-Zip: TAMPA, FL 33624

Title: MGRM ( ) Delete  
Name: JONES, BONNALEE B  
Address: PO BOX 375  
City-St-Zip: HOMOSASSA, FL 34487

Title: MGRM ( ) Delete  
Name: BROOKS, JOSEPH R  
Address: 18975 CROOKED LANE  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHARON B. DICKS

MGRM

02/17/2009

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