

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000116805

**FILED**  
**Mar 29, 2010**  
**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:**

1809 SWEET BAY CT.  
PLANT CITY, FL 33566

**Current Mailing Address:**

11714 N. ROME AVENUE  
TAMPA, FL 33612

**New Mailing Address:**

1809 SWEET BAY CT.  
PLANT CITY, FL 33566

**FEI Number:** 20-3905610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

DICKS, SHARON B  
1809 SWEET BAY CT.  
PLANT CITY, FL 33566 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: SHARON B. DICKS

03/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

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

I hereby 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

03/29/2010

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