

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000116805

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** BARBARA & PALMER BROOKS, LLC

**Current Principal Place of Business:**

1809 SWEET BAY CT.  
PLANT CITY, FL 33566

**New Principal Place of Business:**

**Current Mailing Address:**

1809 SWEET BAY CT.  
PLANT CITY, FL 33566

**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:**

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

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

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:**

\_\_\_\_\_  
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 GOLF CREST WAY  
**City-St-Zip:** TAMPA, FL 33618

**Title:** MGRM  
**Name:** JONES, BONNALEE B  
**Address:** PO BOX 55  
**City-St-Zip:** CRYSTAL RIVER, FL 34423

**Title:** MGRM  
**Name:** BROOKS, JOSEPH R  
**Address:** 18975 CROOKED LANE  
**City-St-Zip:** LUTZ, FL 33548 44

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

04/27/2011

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