



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90033 004 ****50.00

DOCUMENT # L06000003979 1. Entity Name BRIAN VAN WINKLE LLC					
Principal Place of Business 138 BURNS AVE. LONGWOOD, FL 32750 US			Mailing Address 138 BURNS AVE. LONGWOOD, FL 32750 US		
2. Principal Place of Business - No P.O. Box # 858 Sweetbrier Drive Suite, Apt. #, etc.		3. Mailing Address 858 Sweetbrier Dr. Suite, Apt. #, etc.			
City & State Deltona Florida		City & State Deltona Florida		4. FEI Number 02-0770016	
Zip 32725		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN WINKLE, BRIAN E 138 BURNS AVE. LONGWOOD, FL 32750				7. Name and Address of New Registered Agent Name Van Winkle, Brian E Street Address (P.O. Box Number is Not Acceptable) 858 Sweetbrier Drive City Deltona FL Zip Code 32725	
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 Brian E. Van Winkle DATE 4-24-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN WINKLE, BRIAN E 138 BURNS AVE. LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm Van Winkle, Brian E 858 Sweetbrier Drive Deltona Fla 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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.

SIGNATURE: **Brian E. Van Winkle** **4-24-07 386-574-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
5184