

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011592

FILED
Aug 31, 2007
Secretary of State

Entity Name: 631 BRIAR WAY LANE LLC

Current Principal Place of Business:

1097 FLORA PARKE DRIVE
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

Current Mailing Address:

117 S WASHINGTON AVENUE
BERGENFIELD, NJ 07621 US

New Mailing Address:

FEI Number: 20-4243089 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STA MARIA, FERNANDO
1097 FLORA PARKE DRIVE
JACKSONVILLE, FL 32259 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STA MARIA, FERNANDO
Address: 1097 FLORA PARKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: ENRIQUEZ, EDUARDO
Address: 23 HIDDEN CREEK
City-St-Zip: LAGUNA HILLS, CA 92653

Title: MGRM () Delete
Name: ENRIQUEZ, JESUS
Address: 9241 RAMONA STREET
City-St-Zip: BELLFLOWER, CA 90706

Title: MGRM () Delete
Name: ENRIQUEZ, LORENZO
Address: 9241 RAMONA STREET
City-St-Zip: BELLFLOWER, CA 90706

Title: MGRM () Delete
Name: ESTRELLA, SOL
Address: 8520 SAN ADRIANO WAY
City-St-Zip: BUENA PARK, CA 90620

Title: MGRM () Delete
Name: TAPALES, JOSEPHINE
Address: 11726 WALCROFT STREET
City-St-Zip: LAKEWOOD, CA 90715

ADDITIONS/CHANGES:

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

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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: FERNANDO STA MARIA

MGR

08/31/2007

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