

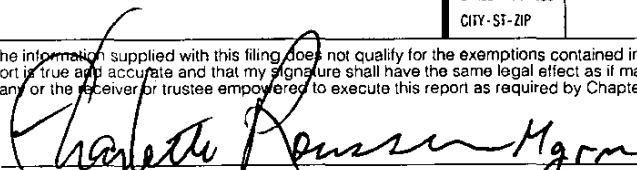


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90359 002 \*\*\*\*50.00

<b>DOCUMENT # L06000011945</b> 1. Entity Name <b>BROOKSHIRE PROPERTY SERVICES, LLC</b>					
Principal Place of Business <b>896 W MINNEOLA AVE. CLERMONT, FL 34711</b>			Mailing Address <b>896 W MINNEOLA AVE. CLERMONT, FL 34711</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NATIONAL REGISTERED AGENTS, INC.</b> <b>2731 EXECUTIVE PARK DRIVE,</b> <b>SUITE 4</b> <b>WESTON, FL 33331</b>			Name <b>Joseph C. Seagle, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>501 E. South St.</b> <b>Ste B</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32801</b>		
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		 Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)		DATE <b>4/11/2007</b> DATE	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE		
NAME	ROUSSEAU, CHARLOTTE A		NAME		
STREET ADDRESS	896 W MINNEOLA AVE		STREET ADDRESS		
CITY - ST - ZIP	CLERMONT, FL 34711		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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:		 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE <b>4/11/2007</b> (352)243-8751 DATE Daytime Phone #	