

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017704

Entity Name: TODD BROTHERS LLC

FILED
Jul 18, 2007
Secretary of State

Current Principal Place of Business:

1042 MANCHESTER CIRCLE
WINTER PARK, FL 32792

New Principal Place of Business:

882 PRIM DR
ORLANDO, FL 32803 FL

Current Mailing Address:

1042 MANCHESTER CIRCLE
WINTER PARK, FL 32792

New Mailing Address:

882 PRIM DR
ORLANDO, FL 32803

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

TODD, MICHAEL L
1042 MANCHESTER CIRCLE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

TODD, MICHAEL L
882 PRIM DR
ORLANDO, FL 32803 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: MICHAEL L TODD

07/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TODD, MICHAEL L
Address: 1042 MANCHESTER CIRCLE
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM () Delete
Name: TODD, JAY D
Address: 1042 MANCHESTER CIRCLE
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
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: MICHAEL L TODD

OWNE

07/18/2007

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