2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# L06000019441

Entity Name: ANDREW & CHARLENE D. BROWN, L.L.C.

Current Principal Place of Business:

5493-18TH LANE SOUTH APT. B
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

5493-18TH LANE SOUTH APT. B
ST. PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 16-1750753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, CHARLENE D
5493-18TH LANE SOUTH APT. B
ST. PETERSBURG, FL 33712 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: BROWN, ANDREW MGRM
Address: 5493 18TH LANE SOUTH APT. B
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: MGRM ( ) Change (X) Addition
Name: BROWN, CHARLENE D MGRM
Address: 5493 18TH LANE SOUTH APT. B
City-St-Zip: ST. PETERSBURG, FL 33712 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLENE D. BROWN MGRM 04/02/2007

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