


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000034338

1. Entity Name
BROWN'S EQUIPMENT TRADER, LLC



FILED

08 SEP -5 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 13370 SW 131 ST 101 MIAMI, FL 33186		Mailing Address 13370 SW 131 ST 101 MIAMI, FL 33186	
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	
BROWN, PHILLIP 14846 SW 168TH TERRACE MIAMI, FL 33187		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Amended AR is \$50.00		Make check payable to Florida Department of State	

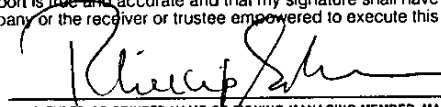
09032008 Chg-LLC CR2E083 (12/06)

4. FEI Number **16-1757377** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. BROWN, PHILLIP MGRM 14846 SW 168 TERRACE MIAMI, FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Loleta Brown 2851 Dewey Street Hollywood, Florida 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900135594239 09/09/08--01012--016 **50.00 <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:  **Phillip Brown** 09/03/08 305 235 4215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #