2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State
04-30-2007 90074 009 ****50.00

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01192007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000039550

1. Entity Name
BURGUNDY & BROWN LLC

Principal Place of Business	Mailing Address
P.O. BOX 77154 JACKSONVILLE, FL 32226	425 LONG BRANCH BLVD. JACKSONVILLE, FL 32206

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
P.O. Box 77154	425 Long Branch Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Ft Jacksonville FL
Zip: 32226 Country: United States	Zip: 32206 Country: United States

4. FEI Number: 46-1761267 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANNIE GRACE DINKINS 425 LONG BRANCH BLVD JACKSONVILLE, FL 32206	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: Annie G. Dinkins April 26 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DINKINS, LAWANA 425 LONG BRANCH BLVD. JACKSONVILLE, FL 32206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OWNER Dinkins, Lawana 425 Long Branch Blvd. Jacksonville, FL 32206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Dinkins, Lawana 425 Long Branch Blvd Jacksonville, FL 32206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Lawana Dinkins 4-26-07 (904) 766-1701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #