## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT DOCUMENT # L06000039550** 1. Entity Name **BURGUNDY & BROWN LLC** Principal Place of Business Mailing Address 425 LONG BRANCH BLVD. P.O. BOX 77154 JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32206 DO NOT WRITE IN THIS SPACE

FILED Apr 28, 2008 08:00 AM Secretary of State



04212008 No Chg-LLC CR2E083 (12/07)

Applied For 4. FEI Number 16-1761267 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

8. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

ANNIE GRACE DINKINS 425 LONG BRANCH BLVD JACKSONVILLE, FL 32206

## DO NOT WRITE IN THIS SPACE

8.	<ol> <li>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. It the obligations of registered agent.</li> </ol>	am familiar with, and accept
	•	
	NOA (ATLIDE	

(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000929964 U5/21/U8-80U88-018 138.75

DATE

9. MANAGING MEMBERS/MANAGERS MGRP TITLE DINKINS, LAWANA NAME STREET ADDRESS 425 LONG BRANCH BLVD. CITY-ST-ZIP JACKSONVILLE, FL 32206 TITLE NAME STREET ADDRESS CITY-ST-ZIP RTLE NAME STREET ADDRESS C/TY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP

DO NOT WRITE IN THIS SPACE

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.