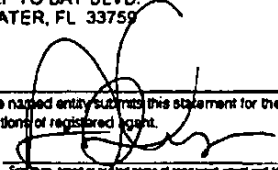
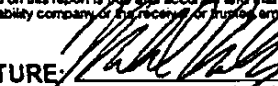


FILED  
Aug 27, 2007 8:00 am  
Secretary of State

05-09-2007 90035 033 \*\*\*\*50.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                                                  |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| DOCUMENT # L06000041008                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                 |                                                                              |
| 1. Entity Name<br>BROOKS 55 LABOR ENTERPRISES, L.L.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                                                                  |                                                                              |
| Principal Place of Business<br>10014 NORTH DALE MABRY, SUITE 101<br>TAMPA, FL 33618                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | Mailing Address<br>3040 GULF TO BAY BLVD<br>CLEARWATER, FL 33759                                                                 |                                                                              |
| 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                                                                      |
| 5. Name and Address of Current Registered Agent<br>LAMONT, DAVID A<br>3040 GULF TO BAY BLVD<br>CLEARWATER, FL 33759                                                                                                                                                                                                                                                                                                                                                                                   |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.                                                                                                                                                                                                                                                                         |                                 | 4. FEI Number<br>204507534                                                                                                       |                                                                              |
| SIGNATURE<br>                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                         |                                                                              |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Make check payable to<br>Florida Department of State                                                                             |                                                                              |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | 10. ADDITIONS/CHANGES                                                                                                            |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 110, 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 owner or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. |                                 |                                                                                                                                  |                                                                              |
| SIGNATURE<br>                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | Date<br>4/25/07                                                                                                                  |                                                                              |