

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90140 027 ****50.00

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01192007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000047638					
1. Entity Name BRISAMAR, LLC					
Principal Place of Business 1901 MORRILL STREET SARASOTA, FL 34236			Mailing Address 1901 MORRILL STREET SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # 1943 Morrill Street		3. Mailing Address 1943 Morrill Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota, FLORIDA		City & State Sarasota, FLORIDA		4. FEI Number 20-4841101	
Zip 34236		Country USA		Applied For Not Applicable	
Zip 34236		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BIRNBACH, JEFF 1901 MORRILL STREET SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name <u>Phil Chmielecki</u> Street Address (P.O. Box Number is Not Acceptable) 1943 Morrill Street City <u>Sarasota</u> <u>FL</u> Zip Code <u>34236</u>		
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		Signature, typed or printed name of registered agent and title if applicable.		DATE <u>2/5/07</u>	
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 ZACHARIASSE, JAN 1901 MORRILL STREET SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1943 Morrill Street Sarasota, FL 34236	
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	
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	
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	
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	
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:		Jan A. Zachariasse		2/1/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		703-674-1699 Daytime Phone #	