

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90060 018 ***138.75

DOCUMENT # L06000057762					
1. Entity Name BRICKMEYER PROPERTIES, LLC					
Principal Place of Business 27200 RIVERVIEW CENTER BLVD. SUITE 107 BONITA SPRINGS, FL 34134 US			Mailing Address 27200 RIVERVIEW CENTER BLVD. SUITE 107 BONITA SPRINGS, FL 34134 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5028340	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHUMANN, RAYMOND L 27200 RIVERVIEW CENTER BLVD. SUITE 103 BONITA SPRINGS, FL 34134			Name <u>Raymond L. Schumann</u> Street Address (P.O. Box Number is Not Acceptable) <u>3451 Bonita Bay Blvd.</u> <u>Suite #200</u> City <u>Bonita Springs</u> FL Zip Code <u>34134</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MRGM KLUBERDANZ, WALLACE 27200 RIVERVIEW CENTER BLVD. SUITE 107 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>[Signature]</u>			Date <u>4/25/08</u> Daytime Phone # <u>239-949-4529</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					