


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90116 032 ****55.00

DOCUMENT # L06000058373					
1. Entity Name BROTHER'S INVESTMENTS, LLC					
Principal Place of Business 408 PINE AVE ALTAMONTE SPRINGS FL 32701			Mailing Address 408 PINE AVE ALTAMONTE SPRINGS FL 32701		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 408 Pine Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Altamonte Springs		4. FEI Number 20-5009798	
Zip	Country	Zip 32701	Country FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PIMENTEL, ANGEL A 408 PINE AVE ALTAMONTE SPRINGS FL 32701			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KUBISHYN, NATALIYA 408 PINE AVE ALTAMONTE SPRINGS FL 32701 <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	MGRM PIMENTEL, ANGEL A 408 PINE AVE ALTAMONTE SPRINGS FL 32701 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E083 (10/06)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Nataliya Kubishyn

4/24/07

(407) 310 0149

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.