

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90303 041 ***138.75

00043410



02282008 Chg-LLC CR2E083 (12/06)

4. FEI Number **51-0594566** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L06000071811

1. Entity Name
BROCK DEVELOPMENT/PLANE, LLC



Principal Place of Business
**1551 FORUM PLACE, SUITE 100
WEST PALM BEACH, FL 33401**

Mailing Address
**1551 FORUM PLACE, SUITE 100
WEST PALM BEACH, FL 33401**

2. Principal Place of Business - No P.O. Box #
4650 Donald Ross Rd.
Suite, Apt. #, etc.
Suite 200
City & State
Palm Beach Gardens, FL
Zip
33418 Country

3. Mailing Address
4650 Donald Ross Rd.
Suite, Apt. #, etc.
Suite 200
City & State
Palm Beach Gardens, FL
Zip
33418 Country

6. Name and Address of Current Registered Agent
**BROCK, ANDREW
1551 FORUM PLACE, SUITE 100
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent
Name
Brock, Andrew
Street Address (P.O. Box Number is Not Acceptable)
4650 Donald Ross Rd.
Suite 200
City
Palm Beach Gardens FL Zip Code
33418

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	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROCK, PETER		NAME		
STREET ADDRESS	1551 FORUM PLACE, SUITE 100		STREET ADDRESS	4650 Donald Ross Rd. Suite 200	
CITY - ST - ZIP	WEST PALM BEACH, FL 33401		CITY - ST - ZIP	Palm Beach Gardens, FL 33418	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROCK, ANDREW		NAME		
STREET ADDRESS	1551 FORUM PLACE, SUITE 100		STREET ADDRESS	4650 Donald Ross Rd. Suite 200	
CITY - ST - ZIP	WEST PALM BEACH, FL 33401		CITY - ST - ZIP	Palm Beach Gardens, FL 33418	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #