## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 14, 2007 8:00 am DOCUMENT # L06000072566 **Secretary of State** 1. Entity Name 03-14-2007 90209 035 \*\*\*\*50.00 BRIGHTWOOD HOLDINGS, LLC Principal Place of Business 5031 N BEACH ROAD, UNIT 116 5031 N BEACH ROAD, UNIT 116 **ENGLEWOOD FL 34223** ENGLEWOOD FL 34223 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) City & State Applied For City & State 4. FEI Number ZV 20-52838 Not Applicable Zip Zip \$5.00 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATTERO, JAMES Street Address (P.O. Box Number is Not Acceptable) 5031 N BEACH ROAD, UNIT 116 **ENGLEWOOD FL 34223** Zip Code City FI 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 (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Addition 141114 ☐ Delete HIII MGRM Change NAM MATTERO, JAMES NAMI STRUET ADDRESS 5031 N BEACH ROAD, UNIT 116 STREET ADDRESS CITY SEZIP ENGLEWOOD FL 34223 CHY ST 7P 11554 ☐ Delete ☐ Change Addition NAM NAM STREET ADDRESS STREET ADDRESS CHY SEZIP CHY ST 7/P HILL Change ☐ Defete ☐ Addition THILE NAMI NAMI STREET LADDRESS STREET ADDRESS UIY St Zii CHY ST /IF ☐ Delete Ш Change Addition NAMI STREET ADDRESS STREET LADORESS CHY SI ZIP CHY ST ZIP ☐ Delete mu Change ■ Addition SURELL ADDRESS STREET ADORESS CITY SL ZIP CITY ST 7IP Addition SHIR ☐ Delete ш ☐ Change NAMI NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY ST-ZIP

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 eath; 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.

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIN

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