

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081380

FILED  
Jan 12, 2007  
Secretary of State

Entity Name: BROOKSVILLE HOLDINGS, LLC.

**Current Principal Place of Business:**

10065 CORTEZ BLVD  
BROOKSVILLE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

10065 CORTEZ BLVD  
BROOKSVILLE, FL 34613

**New Mailing Address:**

FEI Number: 20-5396253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IDICULLA, RAJIV A  
10065 CORTEZ BLVD  
BROOKSVILLE, FL FL US

**Name and Address of New Registered Agent:**

IDICULA, JOSEPH  
10065 CORTEZ BLVD  
BROOKSVILLE, FL 34613 US

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.

SIGNATURE: JOSEPH IDICULA

01/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: IDICULLA, RAJIV A  
Address: 10065 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613

Title: MGRM (X) Delete  
Name: IDICULA, JOSEPH  
Address: 10065 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: IDICULA, JOSEPH  
Address: 10065 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH IDICULA

MGRM

01/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date