

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082481

FILED
Apr 30, 2008
Secretary of State

Entity Name: BROWN LAW FIRM, PLLC

Current Principal Place of Business:

2459 TWIN DRIVE
SARASOTA, FL 34234 US

New Principal Place of Business:

649 E SHERIDAN ST.
#204
DANIA BEACH, FL 33004 US

Current Mailing Address:

2459 TWIN DRIVE
SARASOTA, FL 34234 US

New Mailing Address:

649 E SHERIDAN ST.
#204
DANIA BEACH, FL 33004 US

FEI Number: 20-8076042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, THOMAS J ESQ.
2459 TWIN DRIVE
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

BROWN, THOMAS J ESQ.
649 E SHERIDAN ST.
#204
DANIA BEACH, FL 33004 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWN, THOMAS J ESQ.
Address: 2459 TWIN DRIVE
City-St-Zip: SARASOTA, FL 34234 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWN, THOMAS J ESQ.
Address: 649 E. SHERIDAN ST. #204
City-St-Zip: DANIA BEACH, FL 33004 US

Title: ST () Change (X) Addition
Name: BROWN, ALEXIS H
Address: 649 E. SHERIDAN ST. #204
City-St-Zip: DANIA BEACH, FL 33004 US

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS J. BROWN

MGRM

04/30/2008

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