

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088856

Entity Name: BRYANT STUCCO LLC

FILED
Aug 29, 2007
Secretary of State

Current Principal Place of Business:

712 SHORE ROAD
NOKOMIS, FL 34275

New Principal Place of Business:

1091 LAUREL WOODS DR.
NOKOMIS, FL 34275

Current Mailing Address:

712 SHORE ROAD
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 20-5540418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KOSS, SHAWN
712 SHORE ROAD
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

KOSS, SHAWN
1091 LAUREL WOODS DR
NOKOMIS, FL 34275 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: SHAWN KOSS

08/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOSS, SHAWN
Address: 712 SHORE ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM () Delete
Name: KOSS, KRISTIN
Address: 712 SHORE ROAD
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KOSS, SHAWN
Address: 1091 LAUREL WOODS DR
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM (X) Change () Addition
Name: KOSS, KRISTIN
Address: 1091 LAUREL WOODS DR.
City-St-Zip: NOKOMIS, FL 34275

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: KRISTIN KOSS

MGR

08/29/2007

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