


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90011 005 ****50.00

DOCUMENT # L06000096245	
1. Entity Name B & R COMPANIES OF SOUTHEAST FLORIDA, LLC	

Principal Place of Business 15560 ROLLING MEADOWS CIRCLE WELLINGTON, FL 33414 US	Mailing Address 15560 ROLLING MEADOWS CIRCLE WELLINGTON, FL 33414 US
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2. Principal Place of Business - No P.O. Box # 11924 Forest Hill Blvd	3. Mailing Address 11924 Forest Hill Blvd
Suite, Apt. #, etc. Suite 22-425	Suite, Apt. #, etc. Suite 22-425
City & State Wellington FL	City & State Wellington FL
Zip 33414	Country US



01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5650710		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SOMMERS, BARBARA S 15560 ROLLING MEADOWS CIRCLE WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11924 Forest Hill Blvd Suite 22-425 City Wellington FL Zip Code 33414

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 *Barbara S Sommers, Pres Mgr* DATE 1/10/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOMMERS, BARBARA S 15560 ROLLING MEADOWS CIRCLE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara S Sommers* DATE 1/10/07 (561) 714-4992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE