2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000100103

1. Entity Name
BROWN PROPERTIES LLC

Principal Place of Business	Mailing Address
54426 WILBUR JONES ROAD CALLAHAN, FL 32011	54426 WILBUR JONES ROAD CALLAHAN, FL 32011

DO NOT WRITE IN THIS SPACE

01192008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-5478240

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, WALTER L
54426 WILBUR JONES ROAD
CALLAHAN, FL 32011

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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 _____ DATE 04/18/08-80026-002 138.75
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BROWN, WALTER L
STREET ADDRESS	54426 WILBUR JONES ROAD
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	MGR
NAME	WINGO, MISTY
STREET ADDRESS	45128 BROWN STREET
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	MGR
NAME	FOURES, KATRINA
STREET ADDRESS	45125 ROBINWOOD CIR
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	MGR
NAME	BROWN, WALTER O
STREET ADDRESS	54426 WILBUR JONES ROAD
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4-208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #