2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

May 16, 2007 8:00 am Secretary of State DOCUMENT # L06000102399 1. Entity Name 05-16-2007 90175 030 ****55.00 BRANDES FAMILY, LLC Principal Place of Business Mailing Address 695 31ST STREET SOUTH 695 31ST STREET SOUTH ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number Not Applicable 20-5746006 Zip Zip Country Country \$5.00 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRONSTEIN, JOEL D Street Address (P.O. Box Number is Not Acceptable) 150 SECOND AVENUE NORTH, SUITE 1100 ST. PETERSBURG FL 33701 City Zip Code 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. (NOTE Registered Agent signature remired when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9, 10. TITLE ☐ Change Addition ☐ Delete MGRM NAMI NAMI BRANDES, JEFFREY P. STREET ADDRESS STREET ADDRESS 695 31st STREET SOUTH CITY ST-ZIP CHY ST-ZP SAINT PETERSBURG, FLORIDA 33712 Addition IIIII ☐ Delete THE Change NAML NAME TIBBETTS, LINTON N. STREET ADDODESS STREET ADDRESS 695 31st STREET SOUTH CHY ST-ZIE CHY-ST 7P SAINT PETERSBURG, FLORIDA 33712 **▼** Addition ☐ Change THLE ☐ Delete HIII NAM[NAME BRANDES, RUSSEL P. STREET ADORESS STREET ADDRESS 695 31st STREET SOUTH CHY SI-ZIP CHY-S1 ZIP SAINT PETERSBURG, FLORIDA 33712 ☐ Delete Change ■ Addition TITLE DILL NAMI STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY ST-7IP ☐ Delete Change ■ Addition NAMI STREEL LADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-7IP ☐ Change ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CHY-ST ZIP CITY-SI-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.

SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

FILED