

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103095

Entity Name: B.R.F. CONSTRUCTION LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

1924 SEDGEFIELD STREET
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

1924 SEDGEFIELD STREET
BRANDON, FL 33511 US

New Mailing Address:

FEI Number: 02-0789663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORTNER, THOMAS
1924 SEDGEFIELD STREET
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FORTNER, THOMAS
Address: 1924 SEDGEFIELD STREET
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM () Delete
Name: RIGDON, RICHARD
Address: 404 WEST JERSEY AVENUE
City-St-Zip: BRANDON, FL 33510 US

Title: MGRM () Delete
Name: BUGG, MICHAEL
Address: 210 WEST CHARLIE WIGGINS ROAD
City-St-Zip: PLANT, FL 33567 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FORTNER, THOMAS T
Address: 1924 SEDGEFIELD STREET
City-St-Zip: BRANDON, FL 33511 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 T. FORTNER

MR.

04/27/2007

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