## 2007 LIMITED LIABILITY COMPANY. ANNUAL REPORT (AR)

SIGNATURE:

## Mar 02, 2007 8:00 am Secretary of State DOCUMENT # L06000112416 1. Entity Name 03-02-2007 90188 028 \*\*\*\*50.00 **BROWN-TUCHMAN, LLC** Principal Place of Business Mailing Address 4520 DONALD ROSS ROAD, SUITE 200 PALM BEACH GARDENS FL 33418 4520 DONALD ROSS ROAD, SUITE 200 PALM BEACH GARDENS FL 33418 2. Principal Place of Business - No P.O. Box # 53 Dunbar Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) Applied For coex Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWN, JEFFREY B Street Addres Bax Number is Not Acceptable) 4520 DONALD ROSS ROAD, SUITE 200 PALM BEACH GARDENS FL 33418 8. The above named entity submits this statement lar the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered ag Feb 20, 2007 SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MORM ■ Addition шш Change . TITLE **MGRM** Delete Boown, Teffrey & 53, Dun bao Road NAME NAME BROWN, JEFFREY B STREET ADDRESS STREET ADDRESS 4520 DONALD ROSS ROAD, SUITE 200 Palm Beach Gareleas FL 33418 CHY ST-ZIP CITY-SI-ZIP PALM BEACH GARDENS FL 33418 Defete HILE uchmap, michaelm NAME NAME TUCHMAN, MICHAEL M Bun bar Road STREET ADDRESS STREET ADDRESS 4520 DONALD ROSS ROAD, SUITE 200 CHY ST-ZIP CITY-ST-7IP PALM BEACH GARDENS FL 33418 ☐ Delete NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CHY-SI-7IP Dolete THE HHE NAMI NAME STREET ADDRESS STREEL ADDRESS CITY - ST- 7/P CHY-ST-7IP Delete ■ Addition MLE HILL NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAML STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY ST-ZIP 11. 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 legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or Itys empowered to execute this report as required by Chapter 608, Florida Statutes.

AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Feb 20, 2007