

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000120388

1. Entity Name
BROOKSVILLE COMMONS, LLC



Principal Place of Business
412 E. TARPON AVE.
TARPON SPRINGS, FL 34689

Mailing Address
412 E. TARPON AVE.
TARPON SPRINGS, FL 34689



02142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8155226

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURKE, ROBERT C JR.
412 E. TARPON AVE.
TARPON SPRINGS, FL 34689

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	INVESTCO PROPERTIES, LLC
STREET ADDRESS	PO BOX 612
CITY-ST-ZIP	PALM HARBOR, FL 34682
TITLE	MGRM
NAME	TIMBERLORE CONSTRUCTION INC
STREET ADDRESS	2150-B PALM HARBOR BLVD
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	MGRM
NAME	BURKE, ROBERT C JR
STREET ADDRESS	412 E TARPON AVE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	MGRM
NAME	BURKE, JANICE C
STREET ADDRESS	412 E TARPON AVE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000838709
03/05/08-80041-017 138.75

**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: _____

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

Date

Daytime Phone #

02-2008 727-939-4900