

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122089

Entity Name: BRETT REALTY LLC

FILED
Feb 23, 2007
Secretary of State

Current Principal Place of Business:

10136 BOYNTON PLACE CIRCLE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

6574 N. STATE ROAD 7
#248
COCONUT CREEK, FL 33073

Current Mailing Address:

10136 BOYNTON PLACE CIRCLE
BOYNTON BEACH, FL 33437

New Mailing Address:

6574 N. STATE ROAD 7
#248
COCONUT CREEK, FL 33073

FEI Number: 02-0795839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVENUE NORTH
NAPLES, FL 34102 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: MGR () Delete
Name: TROSKEY, BRETT E
Address: 10136 BOYNTON PLACE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR (X) Delete
Name: TROSKEY, PHILIP A
Address: 10136 BOYNTON PLACE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TROSKEY, BRETT E
Address: 10136 BOYNTON PLACE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRETT E. TROSKEY

MGR

02/23/2007

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