


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000122949

1. Entity Name
BROWN LITTLE DEVELOPMENT, LLC



| | |
|--|--|
| Principal Place of Business 8115 TABBYSTONE PLACE UNIVERSITY PARK, FL 34201 | Mailing Address 8115 TABBYSTONE PLACE UNIVERSITY PARK, FL 34201 |
|--|--|

DO NOT WRITE IN THIS SPACE



01182008No Chg-LLC CR2E083 (12/07)

| | |
|------------------------------------|--|
| 4. FEI Number 20-8514029 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**PANKEY, JUDSON C
 8115 TABBYSTONE PLACE
 UNIVERSITY PARK, FL 34201**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000807113
 02/06/08-80065-008 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PANKEY, JUDSON 8115 TABBYSTONE PLACE UNIVERSITY PARK, FL 34201 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM UDELL, BRUCE 8115 TABBYSTONE PLACE UNIVERSITY PARK, FL 34201 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PORTERA, PHILIP 8115 TABBYSTONE PLACE UNIVERSITY PARK, FL 34201 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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 #