## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 14, 2008 8:00 am Secretary of State

DOCUM 1. Entity Name BRYAN BI	•	#L07000022 c	482				04-14-2008	90222 0	44 ***13	8.75
Principal Place	of Busines	\$	Mailing Address					000	0 0 0 F b	4.
5998 SEARS ROAD			P O BOX 158					600	22357	<i>(</i>
LABELLE, FL 33935 LABELLE, FL 33975										
									1 1114 (1114 (111	nam
2. Principal Pl	ace of Busir	ness - No P.O. Box #	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01292008	Chg-LLC	CR2E08	33 (12/06)		
City & State		City & State		4. FEI Number 20-85				olied For Applicable		
Žip		Country	Zip	Coun	try	5. Certificate	of Status Desired		5.00 Addi ee Required	
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New Re	egistered A	gent	
BEED DO	VAND				Name					
BEER, BRYAN D 1201 NORTH RIVER ROAD LABELLE, FL 33935			Stre		Street Addre	ess (P.O. Box Numbe	er is Not Acceptable	)		-
<b>,</b>		-			İ					
					City			FL	Zip Code	
8. The above the obligati	named enti ions of regis	ty submits this statement for stered agent.	or the purpose of changing i	ts register	ed office or reg	gistered agent, or bo	h, in the State of Flo	rida. I am f	amiliar with,	and accept
SIGNATURE .	Signature, types	d or printed name of registered agent	and title if applicable. (NC	TE: Progistere	id Agent signature re	quired when reinstating)		DATE	<del></del>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75										
After May	NOW!!! / 1, 2008	FEE IS \$138.75 Fee will be \$538.79	5					e check p	syable to ent of State	•
After May	, 1, 2008	FEE IS \$138.75 Fee will be \$538.79 MANAGING MEMBE	ERS/MANAGERS	10.				Departm	ent of State	
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