

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90022 006 ***138.75

DOCUMENT # L07000027964

1. Entity Name
BRISTOL 1, LLC



Principal Place of Business
**3001 OCEAN DRIVE / SUITE 202
VERO BEACH, FL 32963**

Mailing Address
**3001 OCEAN DRIVE / SUITE 202
VERO BEACH, FL 32963**

60003221



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20 8639477** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FENNELL, TODD W ESQ.
979 BEACHLAND BOULEVARD
VERO BEACH, FL 32963**

7. Name and Address of New Registered Agent

Name **Catherine Emrick**
Street Address (P.O. Box Number is Not Acceptable)
3001 Ocean Drive, Suite 202
City **Vero Beach** **FL** Zip Code **32963**

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 *Catherine Emrick* **Catherine Emrick** **1/9/08**
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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Donald C. Proctor, Sr. 3001 Ocean Drive, Suite 202 Vero Beach, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John F. Swanson 3001 Ocean Drive, Suite 202 Vero Beach, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Donald C. Proctor* **Donald C. Proctor** **1/10/08**
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #