

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038295

FILED  
Mar 25, 2012  
Secretary of State

**Entity Name:** BORGES BROOKS BUILDERS, LLC.

**Current Principal Place of Business:**

174 WATERCOLOR WAY., STE 115  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

174 WATERCOLOR WAY., STE 103  
PMB 115  
SANTA ROSA BEACH, FL 32459 US

**Current Mailing Address:**

174 WATERCOLOR WAY., STE 115  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

174 WATERCOLOR WAY., STE 103  
PMB 115  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 20-8806285

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BROOKS, SCOTT OWNER  
174 WATERCOLOR WAY, STE 115  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

BROOKS, SCOTT OWNER  
174 WATERCOLOR WAY, STE 103  
PMB 115  
SANTA ROSA BEACH, FL 32459 US

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:

03/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BROOKS, SCOTT OWNER  
Address: 174 WATERCOLOR WAY, STE 103, PMB 115  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGR  
Name: BORGES, DAVID  
Address: 147 HOLLY PINE CIRCLE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM  
Name: BROOKS, LISA MARIE OWNER  
Address: 174 WATERCOLOR WAY, STE 103, PMB 115  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

I hereby 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: SCOTT BROOKS

MGRM

03/25/2012

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