

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000069386

Entity Name: RED BRASS, LLC

FILED
May 06, 2008
Secretary of State

Current Principal Place of Business:

4300 SOUTH POINT
SUITE 429
FORT MYERS, FL 33919

New Principal Place of Business:

6300 SOUTH POINTE BLVD
SUITE 429
FORT MYERS, FL 33919

Current Mailing Address:

4300 SOUTH POINT
SUITE 429
FORT MYERS, FL 33919

New Mailing Address:

6300 SOUTH POINTE BLVD
SUITE 429
FORT MYERS, FL 33919

FEI Number: 26-0496254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DUBIE, MARK L
4300 SOUTH POINT
SUITE 429
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

TRAN, HIEN D
6300 SOUTH POINTE BLVD
SUITE 429
FORT MYERS, FL 33919 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: HIEN D. TRAN

05/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DUBIE, MARK L
Address: 4300 SOUTH POINT, SUITE 429
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TRAN, HIEN D
Address: 6300 SOUTH POINTE BLVD, SUITE 429
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify 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: HIEN D. TRAN

CEO

05/06/2008

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