

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070062

Entity Name: BROOKS ESTATES, LLC

FILED
Mar 22, 2008
Secretary of State

Current Principal Place of Business:

6710 121ST AVE. N.
UNIT 1
LARGO, FL 33773

New Principal Place of Business:

11522 OVAL DRIVE W.
LARGO, FL 33774 US

Current Mailing Address:

6710 121ST AVE. N.
UNIT 1
LARGO, FL 33773

New Mailing Address:

11522 OVAL DRIVE W.
LARGO, FL 33774 US

FEI Number: 26-0475064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROOKS, MICHAEL J
6710 121ST AVE. N.
UNIT 1
LARGO, FL 33773 US

Name and Address of New Registered Agent:

BROOKS, MICHAEL J
11522 OVAL DRIVE W.
LARGO, FL 33774 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: MICHAEL BROOKS

03/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROOKS, MICHAEL J
Address: 6710 121ST AVE. N.
City-St-Zip: LARGO, FL 33773 US

Title: MGR () Delete
Name: BROOKS, NICOLE A
Address: 6710 121ST AVE. N.
City-St-Zip: LARGO, FL 33773 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BROOKS, MICHAEL J
Address: 11522 OVAL DRIVE W
City-St-Zip: LARGO, FL 33774 US

Title: MGR (X) Change () Addition
Name: BROOKS, NICOLE A
Address: 11522 OVAL DRIVE W.
City-St-Zip: LARGO, FL 33774 US

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: MICHAEL BROOKS

MGRM

03/22/2008

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