2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000111731

Entity Name: ALEXANDRE & BROWN ENTERPRISES, "LLC"

Current Principal Place of Business:

6900 SILVER STAR ROAD, STE. 205
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

6900 SILVER STAR ROAD, STE. 205
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 45-0580179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINGLETON, MELISSA B
6900 SILVER STAR ROAD, STE. 205
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

SINGLETON-BROWN, MELISSA B
6900 SILVER STAR ROAD, STE. 205
ORLANDO, FL 32818 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: MELISSA SINGLETON-BROWN 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SINGLETON, MELISSA B
Address: 459 HUNTINGTON PINES DR.
City-St-Zip: OCOEE, FL 34761

Title: MGRM ( ) Delete
Name: BROWN, ANDERSON
Address: 459 HUNTINGTON PINES DR.
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SINGLETON-BROWN, MELISSA B
Address: 459 HUNTINGTON PINES DR.
City-St-Zip: OCOEE, FL 34761

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANDERSON BROWN MR 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date