2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L07000112772

Entity Name: BRENTWOOD OKEECHOBEE, LLC

Current Principal Place of Business:

2208 WIDENER TERRACE
WELLINGTON, FL 33414

New Principal Place of Business:

2200 US HWY 441 SE
OKEECHOBEE, FL 34974

Current Mailing Address:

2208 WIDENER TERRACE
WELLINGTON, FL 33414

New Mailing Address:

4421 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33409

FEI Number: 26-1377093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, LESLIE R
214 BRAZILIAN AVENUE, SUITE 200
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PATEL, SUKETU
Address: 2208 WIDENER TERRACE
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Delete
Name: PATEL, DHARMESH
Address: 2208 WIDENER TERRACE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PATEL, SUKETU
Address: 4421 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGRM (X) Change ( ) Addition
Name: PATEL, DHARMESH
Address: 4421 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33414

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: DHARMESH PATEL DP 04/29/2009

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