

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119342

FILED  
Mar 29, 2008  
Secretary of State

Entity Name: BRICK CITY COMPANY, LLC

**Current Principal Place of Business:**

406 E SILVER SPRINGS BLVD  
SUITE 209  
OCALA, FL 34471

**New Principal Place of Business:**

520 NE 1ST AVE  
OCALA, FL 34470

**Current Mailing Address:**

406 E SILVER SPRINGS BLVD  
SUITE 209  
OCALA, FL 34471

**New Mailing Address:**

520 NE 1ST AVE  
OCALA, FL 34470

FEI Number: 26-1484206

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOFFITT, ADAM J  
406 E SILVER SPRINGS BLVD  
SUITE 209  
OCALA, FL 34471 US

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

MOFFITT, ADAM J  
520 NE 1ST AVE  
OCALA, FL 34470 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: ADAM J MOFFITT

03/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOFFITT, ADAM J  
Address: 1027 SE 8TH STREET  
City-St-Zip: Ocala, FL 34471

Title: MGRM ( ) Delete  
Name: DE ARMAS, DELTON G  
Address: 9750 SOUTH MAGNOLIA AVE  
City-St-Zip: Ocala, FL 34476

**ADDITIONS/CHANGES:**

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

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: ADAM J MOFFITT

MGRM

03/29/2008

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