2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# L08000028182

Entity Name: BRIE'S PALACE LLC

Current Principal Place of Business:

5775 GOLDEN RAIN LANE
NEW BERLIN, WI 53151 US

New Principal Place of Business:

4311 GULF OF MEXICO DR.
#402
LONGBOAT KEY, FL 34228 US

Current Mailing Address:

5775 GOLDEN RAIN LANE
NEW BERLIN, WI 53151 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MULLIHAN, MICHAEL L
4325 GULF OF MEXICO DR.
#102
LONGBOAT KEY, FL 34228 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 L MULLIHAN 01/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MULLIHAN, MICHAEL L
Address: 5775 GOLDEN RAIN LANE
City-St-Zip: NEW BERLIN, WI 53151 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MULLIHAN, MICHAEL L
Address: 4325 GULF OF MEXICO DR. #102
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: MGRM ( ) Change (X) Addition
Name: MULLIHAN, MICHAEL L
Address: 5775 GOLDEN RAIN LN
City-St-Zip: NEW BERLIN, WI 53151

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 L MULLIHAN MGRM 01/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date