

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000109131

**FILED**  
**Feb 26, 2011**  
**Secretary of State**

**Entity Name:** BROWN FAMILY DEVELOPMENT, LLC

**Current Principal Place of Business:**

5813 SOUTH MACDILL AVENUE  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

5813 SOUTH MACDILL AVENUE  
TAMPA, FL 33611

**New Mailing Address:**

**FEI Number:** 27-1302487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, SCOTT  
5813 SOUTH MACDILL AVENUE  
TAMPA, FL 33611 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:** MGR  
**Name:** BROWN, SCOTT  
**Address:** 5813 SOUTH MACDILL AVENUE  
**City-St-Zip:** TAMPA, FL 33611

**Title:** MGR  
**Name:** BROWN, DEBORAH  
**Address:** 5813 SOUTH MACDILL AVENUE  
**City-St-Zip:** TAMPA, FL 33611

I hereby 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:** SCOTT BROWN

MGR

02/26/2011

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