

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L97000001367**

1. Entity Name  
**THE BRANDON EXECUTIVE CENTER, L.C.**



Principal Place of Business  
**283 SABAL PALM TERRACE  
BOCA RATON, FL 33432**

Mailing Address  
**218 S WASHINGTON ST  
P.O. BOX 1056  
HAVRE DE GRACE, MD 21078**



01092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0804838**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GRAVENHORST, PAUL S ESQ.  
ONE EAST BROWARD BLVD  
#1300  
FORT LAUDERDALE, FL 33301**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GRAVENHORST, PAUL S
STREET ADDRESS	283 SABAL PALM TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	REALTY ASSOCIATES INTERNATIONAL, INC.
STREET ADDRESS	283 SABAL PALM TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	PROFESSIONAL REALTY MANAGEMENT INC
STREET ADDRESS	218 S WASHINGTON ST PO BOX 1056
CITY-ST-ZIP	HAVRE DE GRACE, MD 21078
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000593436  
01/25/07-80028-005 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *[Signature]* "Agent" PRMT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1/9/07*  
Date

*410-939-0744 ext 225*  
Daytime Phone #