

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000869

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: BRATTLOF DEVELOPMENT GROUP, L.C.

**Current Principal Place of Business:**

7 FLORIDA PARK DRIVE, SUITE F  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 351429  
PALM COAST, FL 321351429

**New Mailing Address:**

FEI Number: 59-3522117      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CHIUMENTO AND ASSOCIATES, P.A.  
4 N. OLD KINGS ROAD, SUITE B  
PALM COAST, FL 32137 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: THORNHILL, LESLIE  
Address: 7 FLORIDA PARK DRIVE, SUITE F  
City-St-Zip: PALM COAST, FL 32137

Title: MGRM (X) Delete  
Name: THORNHILL, DARRYL  
Address: 7 FLORIDA PARK DRIVE, SUITE F  
City-St-Zip: PALM COAST, FL 32137

Title: MGRM ( ) Delete  
Name: GARDNER, JED  
Address: 7 FLORIDA PARK DRIVE, SUITE F  
City-St-Zip: PALM COAST, FL 32137

Title: MGRM ( ) Delete  
Name: GARDNER, NANCY  
Address: 7 FLORIDA PARK DRIVE, SUITE F  
City-St-Zip: PALM COAST, FL 32137

Title: MGRM ( ) Delete  
Name: BRATTLOF, JOAN M  
Address: 7 FLORIDA PARK DRIVE, SUITE F  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES:**

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

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

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

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: LESLIE B. THORNHILL

MGRM

04/27/2008

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