

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0046171

DOCUMENT # L98000000869

1. Entity Name

BRATTLOF DEVELOPMENT GROUP, L.C.



FILED

03 APR 30 PM 3:54

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business

7 FLORIDA PARK DRIVE, SUITE F
PALM COAST FL 32137

Mailing Address

P.O. BOX 351429
PALM COAST FL 32135-1429

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3522117

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32115-2491

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	THORNHILL, LESLIE	7 FLORIDA PARK DRIVE, SUITE F	PALM COAST FL 32137	<input type="checkbox"/>
MEM	THORNHILL, DARRYL	7 FLORIDA PARK DRIVE, SUITE F	PALM COAST FL 32137	<input type="checkbox"/>
MEM	GARDNER, JED	7 FLORIDA PARK DRIVE, SUITE F	PALM COAST FL 32137	<input type="checkbox"/>
MEM	GARDNER, NANCY	7 FLORIDA PARK DRIVE, SUITE F	PALM COAST FL 32137	<input type="checkbox"/>
MEM	BRATTLOF, JOAN M	7 FLORIDA PARK DRIVE, SUITE F	PALM COAST FL 32137	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

900017582684
04/30/03--01068--021 **\$5.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

[Signature]
REQUIRED

Date

4/20/03

Daytime Phone #

386-445-3044

CR2E083 (10/02)