## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## Jul 19, 2004 8:00 am **Secretary of State** DOCUMENT # L9900000418 07-19-2004 90234 010 \*\*\*\*55.00 1. Entity Name BROWNSTONE OF ORLANDO, LLC Mailing Address Principal Place of Business 1712 DEMETREE DRIVE 1712 DEMETREE DRIVE WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (4/04) MOORE Applied For 4. FEI Number City & State City & State 59-3554761 Not Applicable Zip Country \$5.00 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIRIANNI, FRANCES Street Address (P.O. Box Number is Not Acceptable) 1712 DEMETREE DRIVE WINTER PARK FL 32789 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 🛬 Make Check Payable to Florida Department of State Due By September 8, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change ☐ Addition ☐ Delete TITLE MGR SIRIANNI, FRANCES NAME NAME STREET ADDRESS 1712 DEMETREE DRIVE STREET ADDRESS CITY-ST-7IP WINTER PARK FL 32789 CITY-ST-ZIP ☐ Addition Delete TITLE Change Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-7IP

FILED