2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L99000000766 1. Entity Name BRASHEAR & ASSOC., P.L.

Principal Place of Business

926 N.W. 13TH STREET GAINESVILLE, FL 32601 Mailing Address

926 N.W. 13TH STREET GAINESVILLE, FL 32601

FILED Feb 07, 2008 08:00 All Secretary of State



DO NOT WRITE IN THIS SPACE

01302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3560780 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRASHEAR, BRUCE 926 N.W. 13TH STREET GAINESVILLE, FL 32601

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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 acce	tas
	the obligations of registered agent.	

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U000000819382 02/15/08-80080-019 138.75

, 9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	BRASHEAR, BRUCE		
STREET ADDRESS	926 N.W. 13TH STREET		
CITY-ST-ZIP	GAINESVILLE, FL 32601		
TITLE			
NAME			
STREET ADDRESS			
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NAME	.		
STREET ADDRESS			
CITY-ST-ZIP	•		
11. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this report is true and accurate and that provide the sale has a supplied with this filing does not qualify for the exindicated on this report is true and accurate and that the sale has a supplied with this filing does not qualify for the exindicated on this report is true and accurate and that the sale has a supplied with this filing does not qualify for the exindicated on this report is true and accurate and that the sale has a supplied with the sale ha			

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filling 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 profesignature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE