

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90011 010 \*\*\*\*50.00

**DOCUMENT # L99000002464**

1. Entity Name

S & D BROOKS, L.C.



Principal Place of Business

~~503 NE 2ND PLACE~~  
~~DANIA FL 33004~~

SEE  
BELOW

Mailing Address

~~503 NE 2ND PLACE~~  
~~DANIA FL 33004~~

2. Principal Place of Business

2000 DIANA DR  
#110

3. Mailing Address

2000 DIANA DR  
#110

City & State

HALLANDALE

City & State

HALLANDALE

Zip

33009

Country

BROWARD

Zip

33009

Country

BROWARD

1st MOORE

CR2E083 (10/04)

4. FEI Number

65-0919161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FABRIKANT, MICHAEL R  
2130 NORTH 52ND AVENUE  
HOLLYWOOD FL 33021

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME BROOKS, SIDNEY J  
STREET ADDRESS ~~503 NE 2ND PLACE~~  
CITY-ST-ZIP ~~DANIA FL 33004~~

TITLE MGRM ☐ Delete  
NAME BROOKS, DONNA L  
STREET ADDRESS ~~503 NE 2ND PLACE~~  
CITY-ST-ZIP ~~DANIA FL 33004~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME 2000 Diana Dr. #110  
STREET ADDRESS Hallandale, FL 33009  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 2000 Diana Dr. 110  
STREET ADDRESS Hallandale, FL 33009  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Donna L Brooks*

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

Date

Daytime Phone #