2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State
04-12-2007 90185 009 ****50.00

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1. Entity Name
S & D BROOKS, L.C.

Principal Place of Business	Mailing Address
~~2000 DIANA DR~~	~~2000 DIANA DR~~
~~#110~~	~~#110~~
~~HALLANDALE FL 33009~~	~~HALLANDALE FL 33009~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
842 SW 2nd St	3614 E Cove Pk Trail
Suite, Apt. #, etc. Hallandale, Fl	Suite, Apt. #, etc. Hernando, Fl
City & State 33009	City & State 34442
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/06)

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	7. Name and Address of New Registered Agent
FABRIKANT, MICHAEL R 2130 NORTH 52ND AVENUE HOLLYWOOD FL 33021	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, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM BROOKS, SIDNEY J 2000 DIANA DR #110 HALLANDALE FL 33009 ☑ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM Brooks, Sidney J 3614 E Cove Pk Trail Hernando, Fl 34442 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM BROOKS, DONNA L 2000 DIANA DR. #110 HALLANDALE FL 33009 ☑ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM Brooks, Donna L 3614 E Cove Pk Trail Hernando, Fl 34442 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 4/04/07 (352) 341-1859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #