

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90111 027 ****55.00

DOCUMENT # L99000003085						
1. Entity Name BRK HOLDINGS, LC						
Principal Place of Business PO BOX 459 LABELLE, FL 33975			Mailing Address PO BOX 725 ATTN: KATHY MCDANIEL WINDERMERE, FL 34786-0725			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	01032005 Chg-LLC CR2E083 (10/03)		
4. FEI Number 59-3581569				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent GOODWIN, JAMES W ESQ. 400 NORTH TAMPA STREET, SUITE 2300 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name: Floyd, Thomas C. Street Address (P.O. Box Number is Not Acceptable): 2520 Sand Mine Road City: Davenport FL 33897			
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: Thomas C. Floyd 2-23-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERRY, JACK M JR. PO BOX 725 WINDERMERE, FL 347860725	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEMPER, WILLIAM E PO BOX 459 LABELLE, FL 33975	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Devers, Daniel J. 2520 Sand Mine Road Davenport, FL 33897	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Jack M. Berry, Jr., MGRM 2/22/05 (407)909-0540				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>		