


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90234 044 ***138.75

DOCUMENT # L99000003817	
1. Entity Name BROTHERS LAUNDRY BASKET L.C.	

Principal Place of Business 1563 ISLAND WAY WESTON, FL 33326	Mailing Address 1563 ISLAND WAY WESTON, FL 33326
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60016557

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 9206 ISLE CAY DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State DELRAY BEACH
Zip	Zip 33446
Country	Country



01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0930430	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KLEIN, THEODORE J 88 N.E. 168TH STREET NORTH MIAMI BEACH, FL 33162	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8030 PETERS ROAD BUILDING D SUITE 104 PLANTATION, FL 33324	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLAND, JAY 1563 ISLAND WAY WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLAND, HARVEY 23 BUCKINGHAM DRIVE DIX HILLS, NY 11746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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11. I hereby certify that the information supplied with this filing 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 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: _____