

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90028 015 ****50.00

DOCUMENT # L99000004840

1. Entity Name
BRAC AND ROME, L.C.



Principal Place of Business
**4050 N.E. 1ST AVENUE, APT. 117
OAKLAND PARK, FL 33334**

Mailing Address
**C/O BANTA PROPERTIES, INC.
P.O. BOX 24943
FORT LAUDERDALE, FL 33334**

DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0948448

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BANTA, BRADFORD C
4050 N.E. 1ST AVENUE, APT. 117
OAKLAND PARK, FL 33334**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BANTA, BRADFORD C
STREET ADDRESS	P.O. BOX 24943
CITY-ST-ZIP	FT. LAUDERDALE, FL 33307
TITLE	MGRM
NAME	BANTA, CATHERINE M
STREET ADDRESS	P.O. BOX 24943
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307
TITLE	MGRM
NAME	HASTINGS, MELVILLE H
STREET ADDRESS	P.O. BOX 24943
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307
TITLE	MGRM
NAME	HASTINGS, RHONDA M
STREET ADDRESS	P.O. BOX 24943
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Bradford C Banta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-6-05

Date

954 566 0759

Daytime Phone #