

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90068 026 ****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

20023701



03272006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2006**

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

**DO NOT WRITE
IN THIS SPACE**

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:

Handwritten signature of Melville H. Hastings

3-29-06

954 566 0759

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

Date

Daytime Phone #