


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90093 013 \*\*\*\*50.00

<b>DOCUMENT # L990Q0006219</b> 1. Entity Name CANBRASS, L.L.C.	
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Principal Place of Business 4805 W. LAUREL ST., SUITE 100 TAMPA, FL 33607	Mailing Address 4805 W. LAUREL ST., SUITE 100 TAMPA, FL 33607
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20004538



01152006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3600391	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GASSMAN, ALAN S 1245 COURT STREET STE 102 CLEARWATER, FL 33756
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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 NAME STREET ADDRESS CITY - ST - ZIP	MGR DAELLENBACH, C. CHARLES 4805 W. LAUREL ST., SUITE 100 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATTS, EUGENE 4805 W. LAUREL ST., SUITE 100 TAMPA, FL 33607
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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #