
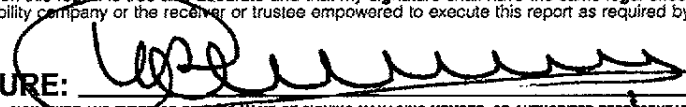
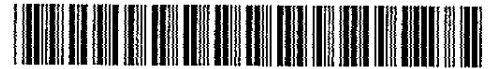


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000008794		
1. Entity Name BROOKRIDGE, LLC		
Principal Place of Business 6900 SOUTHPOINT DRIVE NORTH STE 250 JACKSONVILLE, FL 32216	Mailing Address 6900 SOUTHPOINT DRIVE NORTH STE 250 JACKSONVILLE, FL 32216	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SANKERS, GUS 6900 SOUTHPOINT DRIVE NORTH STE 250 JACKSONVILLE, FL 32216		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORO INVESTMENTS, LLC 8000 TOWERS CRESCENT DR. #825 VIENNA, VA 22182	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 603, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		MANAGER 04/28/06 (703) 506-1000 <small>Date Daytime Phone #</small>



04272006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
36-4334918

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

000000549991
05/13/06-80044-005 50.00