

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002107

FILED
Apr 18, 2007
Secretary of State

Entity Name: BROOKLINE DEVELOPMENT COMPANY, LLC

Current Principal Place of Business:

221 WALTON STREET, SUITE 100
SYRACUSE, NY 13202

New Principal Place of Business:

221 WALTON STREET
SUITE 100
SYRACUSE, NY 13202

Current Mailing Address:

221 WALTON STREET, SUITE 100
SYRACUSE, NY 13202

New Mailing Address:

221 WALTON STREET
SUITE 100
SYRACUSE, NY 13202

FEI Number: 16-1613884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, THOMAS N ESQ.
C/O HILL, WARD AND HENDERSON, P.A.
101 E. KENNEDY BLVD., SUITE 3700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

HENDERSON, THOMAS N III
C/O HILL, WARD AND HENDERSON, P.A.
101 E. KENNEDY BLVD., SUITE 3700
TAMPA, FL 33602 US

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.

SIGNATURE: THOMAS N HENDERSON, III

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: YEOMANS, WILLIAM B
Address: 221 WALTON STREET, SUITE 100
City-St-Zip: SYRACUSE, NY 13202

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: YEOMANS, WILLIAM B
Address: 221 WALTON STREET, SUITE 100
City-St-Zip: SYRACUSE, NY 13202

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM B YEOMANS

MGR

04/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date