

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000005727

**FILED**  
**Apr 20, 2007**  
**Secretary of State**

**Entity Name:** BROWN & BROWN ENTERPRISES, LLC

**Current Principal Place of Business:**

8672 SW HULL AVENUE  
ARCADIA, FL 34269

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 289  
FT. OGDEN, FL 34267

**New Mailing Address:**

**FEI Number:** 20-0022510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEEBLES, DOUGLAS A ESQ  
1111 3RD AVENUE WEST, SUITE 210  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

PEEBLES & MORIARTY, P.A.  
1111 3RD AVENUE WEST, SUITE 210  
BRADENTON, FL 34205 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: DOUGLAS A. PEEBLES

04/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BROWN, JAMES C  
Address: 1158 HABERLAND BLVD  
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM ( ) Delete  
Name: BROWN, WILLIAM P  
Address: 2053 SPARKS ROAD  
City-St-Zip: WEST HARRISON, IN 40760

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DOUGLAS A. PEEBLES, AS ATTY IN FACT

MGRM

04/20/2007

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