FILED May 02, 2007 08:00 A Secretary of State

2007 LIMITED LIABILITY COMPANY

	ANNUA				
DOCUMENT # M05000006817 1. Entity Name					
BRENNAN & CO., LLC					
				.	
Principal Place of Business Mailing Address 300 DRAYTON STREET, 3RD FLOOR 300 DRAYTON STREET, 3RD F		FLOOR			
SAVANNAH, GA 31401 SAVANNAH, GA 31401			LOOK		
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DO NOT WRITE IN THIS SPA			.∩E	04302007 No Chg-LLC	CR2E083 (11/05)
				4. FEI Number 13-4308650	Applied For Not Applicable
	•			5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	-	<u> </u>	
CORPORATION SERVICE COMPANY				DO NOT W	RITE
1201 HAYS STREET TALLAHASSEE, FL 32301-2525			IN THIS SPACE		
				IN THIS SE	ACL
	named entity submits this statement fi	or the purpose of changing its regist	ered office or register	ed agent, or both, in the State of Flor	rida. I am familiar with, and accept
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE. Regist	red Agent signsture required	(when reinstating)	DATE
FI		n and tife if applicable (NOTE. Regisa	red Agent eignebire required	(when rensisting)	DATE
FI D	Spreader, typed or printed name of registered aper liting Fee is \$50.00 ue by May 1, 2007 MANAGING MEMB		red Agent eignebure required	(when renelating)	DATE
FI	Spreams, typed or printed name of registered ager liting Fee is \$50.00 ue by May 1, 2007		red Agent eignsture required	(when rensishing)	DATE
9.	Spreture, typed or printed name of registered aper llting Fee is \$50.00 ue by May 1, 2007 MANAGING MEMB MGRM BRENNAN, EDWARD T JR 300 DRAYTON STREET, 3RD 6	IERS/MANAGERS	red Agent eignsture required	i when rensishing)	DATE
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Spreams, typed or printed name of registered aper liting Fee is \$50.00 ue by May 1, 2007 MANAGING MEMB MGRM BRENNAN, EDWARD T JR 300 DRAYTON STREET, 3RD 6 SAVANNAH, GA 31401 MGRM	IERS/MANAGERS	red Agent signsture required	(when remaising)	DATE
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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 B1 required by Chapter 608, Florida Statutes.

SIGNATURE: Austin K. Denney

TITLE NAME STREET ADDRESS

URE: Austin K. Denney

SIGNATURE AND TYPED OR PRINTED HAME OF BIOLING MANAGING ME PARE, OR AUTHORIZED REPRESENTATIVE

04/30/2007

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