

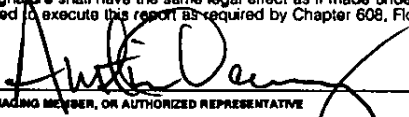


FILED
May 02, 2007 08:00 A
Secretary of State

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M05000006817		
1. Entity Name BRENNAN & CO., LLC		
Principal Place of Business 300 DRAYTON STREET, 3RD FLOOR SAVANNAH, GA 31401		Mailing Address 300 DRAYTON STREET, 3RD FLOOR SAVANNAH, GA 31401
DO NOT WRITE IN THIS SPACE		
		
04302007 No Chg-LLC CR2E083 (11/05)		
4. FEI Number 13-4308650		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 renewing)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BRENNAN, EDWARD T JR 300 DRAYTON STREET, 3RD FLOOR SAVANNAH, GA 31401	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DENNEY, AUSTIN KIRK 300 DRAYTON STREET, 3RD FLOOR SAVANNAH, GA 31401	
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DO NOT WRITE IN THIS SPACE		
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: <u>Austin K. Denney</u> 		04/30/2007 912 650-3980
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>