2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000090731

BROWN REAL ESTATE INVESTMENTS, INC.



FILED Mar 08, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

POST OFFICE BOX 56073 JACKSONVILLE, FL 32241 POST OFFICE BOX 56073 JACKSONVILLE, FL 32241



DO NOT WRITE IN THIS SPACE

| 4. FEI Number | | CN2E004 (11100) | | |
|------------------|------------------|-----------------|-----------------------------------|--|
| | | | Applied For | |
| 59-3414 | 620 | | Not Applicabl | |
| 5. Certificate c | I Status Desired | | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

MORGAN, ROBET W C/O FORD, JETER & BOWLUS PA 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 8. Election Campaign Finan Trust Fund Contribution. | | ing 🔲 | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND DIREC | CYORS | | | | | |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP | D BROWN, JAMES D 4370 MORNING DOVE DRIVE JACKSONVILLE, FL 32258 | | | | U00000459635 03/18/06-80040-010 150.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, KAREN P 4370 MORNING DOVE DRIVE JACKSONVILLE, FL 32258 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | | |
| title Name Street address City-St-Zip | | | | IN ' | THIS SPACE | | |
| THE MAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |