

LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY:	Brothers Forty-Six	k, LLC		
SECRETARY OF STATE ID NUMBER: 0819060 STATE OF FOR			<u>: </u>	Filing Office Use Only E - Filed Annual Report 0819060
REPORT FOR THE CALENDAR YEAR: 202	24			CA202415001864 5/29/2024 10:45
SECTION A: REGISTERED AGENT'S INFORM			Changes	
1. NAME OF REGISTERED AGENT: Du	ke, Robert M.			
2. SIGNATURE OF THE NEW REGISTERI		NATURE CONSTITUTES CO	INSENT TO THE APPO	INTMENT
3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY 4. REGISTERED AGENT OFFICE MAILING ADDRESS				
1220 Old Watkins Road		1220 Old Watkins Road		
Raleigh, NC 27616-8534 Wake County		Raleigh, NC 27616-8534		
SECTION B: PRINCIPAL OFFICE INFORMATION	<u>ON</u>			
1. DESCRIPTION OF NATURE OF BUSINESS: Real Estate				
2. PRINCIPAL OFFICE PHONE NUMBER: (919) 614-5081		3. PRINCIPAL OFFICE EMAIL: Privacy Redaction		
4. PRINCIPAL OFFICE STREET ADDRESS		5. PRINCIPAL OFFICE MAILING ADDRESS		
1220 Old Watkins Road		1220 Old Watkins Road		
Raleigh, NC 27616-8534		Raleigh, NC 27616-8534		
6. Select one of the following if applic	cable. (Optional see i	nstructions)		
The company is a veteran-owned small business				
The company is a service-disabled veteran-owned small business				
SECTION C: COMPANY OFFICIALS (Enter add	ditional company officials	in Section E.)		
NAME: Robert M Duke NAME: Roger H Di		uke	NAME: Ronald	d E Duke
TITLE: Manager TITLE: Manager			TITLE: Manag	jer
ADDRESS: ADDRESS:			ADDRESS:	
1220 Old Watkins Road 502 Neptune Dr.			15 Marigold Place	
Raleigh, NC 27616-8534 Cape Carteret, NC				
SECTION D: CERTIFICATION OF ANNUAL	REPORT. Section D mu	st be completed in its e	ntirety by a person	/business entity.
Robert M Duke		5/29/2024		
SIGNATURE Form must be signed by a Company Official listed under	Section C of This form.		DATE	
Robert M Duke Print or Type Name of Company Official		Manager Print or Type Title of Company Official		
Fillit of Type maine of Com	Daily Ullicial	Pfi	111 OF 1 VIDE TILLE OF COMID	