FORM 1	STATEM	ENT OF	2005	5	
Please print or type your name, malling address, agency name, and position below:	FINANCIAL	INTERESTS		<u>-</u> -	
LAST NAME FIRST NAME MIDDLE Srosseit Brett MAILING ADDRESS:	NAME: Authory	FOR OFFI USE ONL		NII 790.	
26917 McLa	rightin Blud.		I ID Code	<u> -</u> 호	
Bouita Springs	FL 34/34 ZIP: COUNTY:	Lee	ID No.	06JUN16PM0748SDE 	
NAME OF AGENCY: The Quarry CD	эD		Conf. Code	40) ee] 3	
hame of office or position Held board member	OR SOUGHT :		PyReq. Code		
	OR NEW EMPLOYEE OR AF	PPOINTEE	. PD	F 2005	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FAFISCAL YEAR. PLEASE STATE BELO DECEMBER 31, 2005 MANNER OF CALCULATING REPORT. THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE COMPARATIVE (PERCENTAGE	OW WHETHER THIS STATEMENT IS OR SPECIFY ABLE INTERESTS: 5 THE OPTION OF USING REPORT OR USING COMPARATIVE THREST 5 STATE BELOW WHETHER THIS STA	ECEDING TAX YEAR, WHETHE FOR THE PRECEDING TAX YE TAX YEAR IF OTHER THAN TH TING THRESHOLDS THAT AR HOLDS, WHICH ARE USUALLY ATEMENT REFLECTS EITHER (EAR ENDING EITHER (check one): IE CALENDAR YEAR: RE ABSOLUTE DOLLAR VALUES, VALUES, VALUES, VALUES, VALUES	 WHICH	
PART A PRIMARY SOURCES OF INC	COME [Major sources of income to the		DESCRIPTION OF THE SOURCE	='Q	
OF INCOME		RESS	PRINCIPAL BUSINESS ACTIVITY		
Open and lalla Dankon	Maples 11 Hackage		real estate development		
Delaware Valley Developing	eutla. Hockess	14, DE	eal estate developm	eu i	
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	F INCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to b ADDRESS OF SOURCE	PRINCIPAL BUSINE ACTIVITY OF SOUR	ss	
PART C REAL PROPERTY [Land, bu	uildings owned by the reporting persor	n]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
			INSTRUCTIONS on who must this form and how to fill it out to on page 3.		
			OTHER FORMS you may ne	ed to	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
		L					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
			<u> </u>				
			<u> </u>				
PART F — INTERESTS IN SPECI	EIED BUGINECCES (O.	unorobin or positi	one in cartain types of hyginespeed	,			
PART F - INTERESTS IN SPECI	BUSINESS ENTI		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF	BUSINESS ENTI	117#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
BUSINESS ENTITY ADDRESS OF							
BUSINESS ENTITY PRINCIPAL BUSINESS							
ACTIVITY POSITION HELD							
WITH ENTITY I OWN MORE THAN A 5%							
INTEREST IN THE BUSINESS NATURE OF MY							
OWNERSHIP INTEREST							
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): DATE SIGNED (required):							
Su	Hellen	7		5/16/06			
FILING INSTRUCTIONS:							

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.