2001 UNIFORM BUSINESS REPORT (UBR)

		0009310			80	
1. Entity Name SECURITY BROTHERS INVESTMENT GROUP, L.L.C.				FILE	ED	
1314 NORTH 3RD STREET 131		Mailing Address 1314 NORTH 3RD STREE JACKSONVILLE BEACH FL.	32250	2001 MAY -2 DIVISION OF COL TALLAHASSE	RPORATIONS	
2. Principal Place of Business 3. Mailing Addre P.O. Ro		3. Mailing Address P.O.Box 5	1172			
		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State JACKSONVILLE 8 EACH, FL 4. FEI Number		4. FEI Number	Applied For Not Applicable	
Zip	Country	32240-1172	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current R		Name	7. Name and Address of New Registered	Agent	
SMITH, JAMES J JR 1314 NORTH 3RD STREET				Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE BEACH FL 32250						
			City	F	Zip Code	
8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
		FILE NO.	VIII FEE IS \$50.00 ible to Department			
9.	MANAGING MEMBEI	RS/MEMBERS	10.	ADDITIONS/CHANGE	s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, JAMES J JR 1314 NORTH 3RD STREET JACKSONVILLE BEACH FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		CHange Addition Change Addition	
TITLE ,	MGR	☐ Delete	TITLE		☐ Change ☐ Addition 등	
NAME STREET ADDRESS CITY-ST-ZIP	SMITH, ROBERT F 1314 NORTH 3RD STREET JACKSONVILLE BEACH FL 32250	•	NAME STREET ADDRESS CITY-ST-ZIP	600004335 -05/31/01	53 06 3 01009024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATTERS, JEFFERY H 1314 NORTH 3RD STREET JACKSONVILLE BEACH FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*****50.00	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UNONCONVILLE DE 1011 E GEEGE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ξ·	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP*		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
44 15	certify that the information supplied with on this report is true and accurate and t	this filing does not qualify for the thing the things of t	he exemption stated in See same legal effect as if	Section 119.07(3)(i), Florida Statutes. I further c made under oath; that I am a managing mem	ertify that the information ber or manager of the	