

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-12-2002 90090 002 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004277

1. Entity Name

SAINT SEBASTIAAN BELGIAN MICROBREWERY-RESTAURANT
SPRING HILL, LLC

Principal Place of Business

2495 ANCHOR AVENUE
SPRING HILL FL 34608

Mailing Address

2495 ANCHOR AVENUE
SPRING HILL FL 34608



18092



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3704611

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STERKENS, MARLEEN
2495 ANCHOR AVENUE
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name MARLEEN STERKENS

Street Address (P.O. Box Number is Not Acceptable)

2495 ANCHOR AVE

City SPRING HILL

FL

Zip Code 34608

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.

SIGNATURE

[Signature]

Signature of or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renaming)

2/15/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE GENERAL MANAGER Delete
NAME SERGE VAN LIMBERGEN
STREET ADDRESS 2495 ANCHOR AVENUE
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: X

[Signature]

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/15/02

DATE

(352) 684-1768

Daytime Phone #

CR2E083 (9/01)