2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90050 025 ****50.00

DOCUMENT # L04000051070

1. Entity Name
GEORGE K. BREW, PL

Principal Place of Business	Mailing Address
76 S. LAURA STREET SUITE 1703 JACKSONVILLE, FL 32202	76 S. LAURA STREET SUITE 1703 JACKSONVILLE, FL 32202

05032005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
6817 SOUTHPOINT PKWY		6817 SOUTHPOINT PKWY	
Suite, Apt. #, etc.: #1804		Suite, Apt. #, etc.: #1804	
City & State: JACKSONVILLE, FL		City & State: JACKSONVILLE, FL.	
Zip: 32216	Country: US	Zip: 32216	Country: US

4. FEI Number: 59-3345974 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BREW, GEORGE K ESQ. 76 S. LAURA STREET SUITE 1703 JACKSONVILLE, FL 32202	Name: Street Address (P.O. Box Number is Not Acceptable): 6817 SOUTH POINT PKWY #1804 City: JACKSONVILLE FL Zip Code: 32216

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] 5-3-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BREW, GEORGE K 76 S. LAURA STREET JACKSONVILLE, FL 32202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6817 SOUTHPOINT PKWY #1804 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] GEORGE BREW 5-3-05 904 354-4741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #