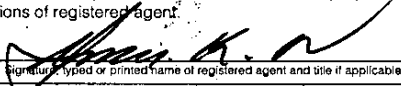
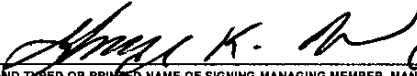


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 76 S. LAURA STREET SUITE 1703 JACKSONVILLE, FL 32202			Mailing Address 76 S. LAURA STREET SUITE 1703 JACKSONVILLE, FL 32202		
2. Principal Place of Business 6817 SOUTHPOINT PKWY Suite, Apt. #, etc. #1804 City & State JACKSONVILLE, FL Zip 32216 Country US		3. Mailing Address 6817 SOUTHPOINT PKWY Suite, Apt. #, etc. #1804 City & State JACKSONVILLE, FL Zip 32216 Country US			
05032005 Chg-LLC CR2E083 (10/03)				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 BREW, GEORGE K ESQ. 76 S. LAURA STREET SUITE 1703 JACKSONVILLE, FL 32202	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6817 SOUTHPOINT 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:  DATE: 5-3-05 (NOTE: Registered Agent signature required when reinstating)	
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		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 ☐	
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:  GEORGE BREW 5-3-05 904 354-4741 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					