


799 00000 1106

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **m 99 00000 1106**

1. Entity Name
Carolina Microbrew, LLC



FILED
03 MAY 14 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2100 South Blvd Suite, Apt. #, etc.	3. Mailing Address 2100 South Blvd Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Charlotte NC	City & State Charlotte NC	4. FEI Number 56-1957960	Applied For Not Applicable
Zip 28203	Country USA	Zip 28203	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

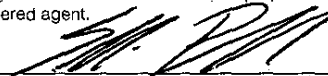
7. Name and Address of Current Registered Agent

Name: **Shashi Palmand**

Street Address (P.O. Box Number is Not Acceptable)
2 Independent Drive W Suite 223

City **Jacksonville** FL Zip Code **32202**

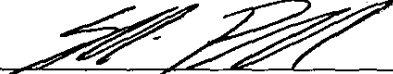
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4/30/03**

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1.

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgem Ryan, Joseph J 2100 South Blvd Charlotte NC 28203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100018937741 05/14/03--01030--016 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgem Shashi Palmand 2100 South Blvd Charlotte NC 28203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 0203 <i>dec</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(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:  DATE: **4/30/03** DAYTIME PHONE #: **704-358-9836**

CR2E083B (12/02)