
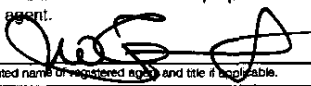
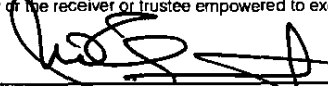


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90355 028 \*\*\*\*50.00

DOCUMENT # L02000027605					
<b>1. Entity Name</b> BRP HOLDING-LLC					
<b>Principal Place of Business</b> C/O FRANAN CONSULTING, INC. 15500 DE HAVILLAND CT. WEST PALM BEACH, FL 33414 US			<b>Mailing Address</b> 15500 DE HAVILLAND CT. WEST PALM BEACH, FL 33414 US		
<b>2. Principal Place of Business</b> 3460 FAIRLANE FARMS RD. Suite, Apt. #, etc. SUITE # 1		<b>3. Mailing Address</b> same as 2 Suite, Apt. #, etc.			
City & State WELLINGTON, FL.		City & State		<b>4. FEI Number</b> 20-0647422 APPLIED FOR	
Zip 33414 Country U.S.A		Zip Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> FRANAN CONSULTING, INC. 15500 DE HAVILLAND CT. WEST PALM BEACH, FL 33414			<b>7. Name and Address of New Registered Agent</b> Name FRANAN CONSULTING INC Street Address (P.O. Box Number is Not Acceptable) 3460 FAIRLANE FARMS RD # 1 City WELLINGTON FL Zip Code 33414		
<b>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.</b> SIGNATURE  DATE 4/20/04 <small>Signature, typed or printed name of registered agent, and title is acceptable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MG/MR GRYGIEL, NANCY 15500 DE HAVILLAND CT. WELLINGTON, FL 33414		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
SIGNATURE:  NANCY GRYGIEL Managing Member 4/20/04 561 795 3802 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					