

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 14, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000001276**

1. Entity Name

ST. BRENDAN'S TRADING CO., LTD., L.L.L.P.

Principal Place of Business

Mailing Address

925 FOSTORIA DR

925 FOSTORIA DR

MELBOURNE  
32940

FL

MELBOURNE  
32940

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3678432**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLAY CARL R

925 FOSTORIA DR

MELBOURNE

FL

32940

Name

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

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**03/14/2001**

DATE

9. Capital Contributions

as Shown on record. 100.00

10. Amount of Capital Contributions

in FLORIDA to date. 100.00

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION****A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

CLAY KATHLEEN O

STREET ADDRESS

925 FOSTORIA DR

CITY-ST-ZIP

MELBOURNE

FL 32940

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

CALLIHAN KEN

STREET ADDRESS

914 ANGLERS WAY

CITY-ST-ZIP

JUPITER

FL 33458

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

Ken Callihan

**03/14/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)