
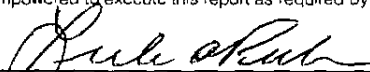


FILED
Apr 29, 2004 08:00 AM
Secretary of State

| | | | |
|---|--|---|--|
| DOCUMENT # A09719 | |  | |
| 1. Entity Name BRYAN DAIRY LIMITED | | | |
| Principal Place of Business 15500 ROOSEVELT BLVD SUITE 301 CLEARWATER, FL 33760-3410 US | | Mailing Address 15500 ROOSEVELT BLVD SUITE 301 CLEARWATER, FL 33760-3410 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt #, etc. | | Suite, Apt. #. etc | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent RUBIN, LESLIE A. 15500 ROOSEVELT BLVD STE. #301 CLEARWATER, FL 33760 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 4. FEI Number 59-2032482 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 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 _____ <small>Signature: typed or printed name of registered agent and title if applicable</small> | | | |
| 9. Capital Contributions as Shown on record. \$504,500.00 | | 10. Amount of Capital Contributions in FLORIDA to date 1,000 | |
| 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 STREET ADDRESS CITY-ST-ZIP | A03736 LESLIE A. RUBIN, LIMITED 15500 ROOSEVELT BLVD, STE. 301 CLEARWATER, FL 33760 | STREET ADDRESS CITY-ST-ZIP | U000000157031 05/06/04-80010-002 141.25 |
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| 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:  | | Leslie A Rubin 4-23-04 727-530-0021 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | Date Daytime Phone # | |