2000 UNIFORM BUSINESS REPORT (UBR)							
DOCUMENT # 1. Entity Name	A95000001950						
BRANDON ALE HOUSE A	IND RAW BAR, LTD.						

FILLO SECRETARY OF STATE DIVISION OF CORPORATIONS

00 FEB 17 AM 11: 36

Principal Place of Business 612 N. ORANGE AVENUE. SUITE C-6 JUPITER FL 33458 Mailing Address 612 N. ORANGE AVENUE. SUITE C-6 JUPITER FL 33458-5023		E. Suite C	-6	001 LB 17 AB 11: 36			
2. Principal Pi	ace of Business	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State City & State				4. FEI Number 65-0627306 Applied For Not Applicable			
Zip	Соиптту	Zip	Countr		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent		
MILLER, JOHN W 612 N ORANGE AVENUE, SUITE C-6 JUPITER FL 33458			<u>-</u>	Name Street Address	s (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) DATE							
9. Capital Cor as Shown of		10. Amount of Capit in FLORIDA to d		utions 849	1. 104. 00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	A GENERAL PARTNER I	THAT IS A BUSINESS EN	ITITY MU	JST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.		
12.	GENERAL PARTNE		13.		ADDRESS CHANGES ONLY		
DOCUMENT # P93000027121 BRANDON ALE HOUSE AND RAW BAR, INC.		STREE	ET ADDRESS				
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14. I hereby o	certify that the information supplied with	this filing does not qualify fo	or the exem	nption stated in §	Section 119.07(3)(i), Florida Statutes. I further certify that the information		

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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SINGUISE AND WILLER 2/15/00 561-743-2299