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2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

BULLRUN CAPITAL ADVISERS, L.L.C.

DOCUMENT#

FILED

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SECRETARY OF STATE

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Principal Place of Busin	Mailing Address	Mailing Address 1150 N.W. 72ND AVE., STE. 760 MIAMI FL 33126				TALLAH	HODEL	:, FLORI	UA		
1150 N.W. 72ND AVE MIAMI FL 33126								,			
Principal Place of Business					_						
Suite, Apt. #, etc.	<u>· </u>	Suite, Apt. #, etc.	uite Ant # etc			DO NOT WRITE IN THIS SPACE					
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	<u>- </u>				5. Certificate of Status Desired Fee Re 7. Name and Address of New Registered Agent				Fee Require	d	ļ_
6. Na	me and Address of Current F	legistered Agent		Name	7. Name	and Addre	iss of New Re	gistered	Agent		$\frac{1}{2}$
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HKE&F REGISTER			Street Address			ss (P.O. Box Number is Not Acceptable)					
2601 S. BAYSHOF MIAMI FL 33133	1E DA., SIE. 000		Ī								1
MIAMI FL 33133					 _			FL	Zip Cod	e	1
The above named er	ntity submits this statement for	the purpose of changing i	ts registere	d office or regi	stered agent. (or both, in th	e State of Flori		<u> </u>		1
	,	pp	g								
SIGNATURE Signature by	ed or printed name of registered agent ar	nd title if applicable (NC	TE: Begistered	Agent signature rec	uired when reinstati	ng)		DATE			
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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.

विद्यालिकायका राजा SIGNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #