2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000002920

1. Entity Name



FILED Mar 14, 2003 8:00 am Secretary of State 03-14-2003 90001 043 ****50.00

| BROWN EYED GIRL, LLC | | | " | | | | |
|--|---|--|---|-------------------------------------|---------------------------|--|--|
| N ROAD | Mailing Address 3939 CRAYTON ROAD NAPLES FL 34103 | | | | | | |
| | 1 | | 1 (0.0) (0.1) | . | <u> 16111 (8818 (8118</u> | | |
| 2. Principal Place of Business 3. M | | . Mailing Address | | | | | |
| Suite, Apt. #, etc. Suit | | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| ta | City & State | | A EEI Number | NOT ADDITIONAL | - 1 1 | pplied For | |
| | | | 4. FEI NUMBER | NOI APPLICABLI | | ot Applicable | |
| Country | Zip | Country | 5. Certificate of Stat | tus Desired | \$5.00 Ad | | |
| 6. Name and Address of Curr | ent Registered Agent | - | 7. Name and Addre | ss of New Registere | | | |
| UNDERWOOD ROBERT I | | Name | | | | | |
| ' E PARK AVE | | Street Address | | (P.O. Box Number is Not Acceptable) | | | |
| LAHASSEE FL 32301 | • | | | | | | |
| | | City | | F | L Zip Coo | de | |
| | nt for the purpose of changing its re | egistered office or regist | ered agent, or both, in th | e State of Florida. I an | n familiar with, | , and accept | |
| Signature, typed or printed name of registered a | gent and title if applicable. (NOTE: | Registered Agent signature requi | red when reinstating) | DATE | | | |
| | Make Check Payable | to Florida Departm | l l | | | : | |
| | MBERS/MANAGERS | 10. | | ADDITIONS/CHANGE | S | | |
| MGRM TAP GP, INC. 3939 CRAYTON ROAD NAPI ES EL 34103 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| WW 225 1 2 5 1 105 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP | | entages from a service of | Change | _ [] Addition | |
| | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| | ☐ Delete | TITLE NAME | | | ☐ Change | Addition | |
| | Ce of Business N ROAD 1103 Place of Business #, etc. te Country 6. Name and Address of Curr DERWOOD, ROBERT L 2 PARK AVE LAHASSEE FL 32301 e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered a MANAGING MEN MGRM TAP GP, INC. | Ce of Business N ROAD NAPLES FL 34103 Place of Business 3. Mailing Address Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. te City & State Country Zip 6. Name and Address of Current Registered Agent DERWOOD, ROBERT L 2 PARK AVE LAHASSEE FL 32301 Place of Business 1. Mailing Address City & State Country Zip 6. Name and Address of Current Registered Agent DERWOOD, ROBERT L 2 PARK AVE LAHASSEE FL 32301 Signature, typed or printed name of registered agent and title if applicable MANAGING MEMBERS/MANAGERS MGRM TAP GP, INC. 3339 CRAYTON ROAD NAPLES FL 34103 Delete Delete Delete | Deep of Business Mailing Address 3339 CRAYTON ROAD NAPLES FL 34103 3399 CRAYTON ROAD NAPLES FL 34103 3399 CRAYTON ROAD NAPLES FL 34103 Mailing Address 3. Mailing Address 4. etc. City & State Country City & State Country 6. Name and Address of Current Registered Agent City DERWOOD, ROBERT L E PARK AVE LAHASSEE FL 32301 City Street Address Street Address FILE NOW!!! FEE IS \$5.0.00 Make Check Payable to Florida Departm Due By May 1, 2003 MANAGING MEMBERS / MANAGERS Delete TITLE NAME STREET ADDRESS CITY-ST-2P DELETE TITLE NAME STREET ADDRESS | The of Business | De of Business | Use of Business N ROAD Sego CRAYTON ROAD NAPLES R, 34100 Make Check Payable to Florida Department of State De By May 1, 2003 MARAGING MEMBERS/MANAGERS MARAGING MEMBERS/MANAGERS MARAGING MEMBERS/MANAGERS Detre Mark MARAGING MEMBERS/MANAGERS MARAGING MEMBERS/MANAGERS Detre Mark MARAGING MEMBERS/MANAGERS DETRE ADDRESS GITY-ST-2P Detre Mark MARK SIRET ADDRESS GITY-ST-2P Detre MARK MARK MARK MARK MARK MARK MARK MARK | |

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #