## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am<sup>§</sup> Secretary of State DOCUMENT # L0000003308 05-22-2002 90067 038 \*\*\*\*50.00 BRANNAN VENTURES II, L.L.C. Principal Place of Business Mailing Address 111 RED SKY COURT 111 RED SKY COURT LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3617957 Not Applicable Zip Country ΖįĎ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANNAN, STANLEY G Street Address (P.O. Box Number is Not Acceptable) 111 RED SKY COURT LAKE MARY FL 32746 City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MEM TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E083 (9/01) BRANNAN, STANLEY G NAME NAME STREET ADDRESS 111 RED SKY COURT STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP MEM ☐ Delete TITLE Change ☐ Addition BRANNAN, SUE L NAME NAME STREET ADDRESS 111 RED SKY COURT STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME

11. Lifereby 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

SIGNATURE AND TYPED OR PRINTED NA

4-15-2002

FILED