2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000003931

1. Entity Name

SIGNATURE:

THE BRIGANN COMPANY, L.L.C.



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90023 002 ****50.00

MGRM KENNEDY, JAMES J III STREET ADDRESS CITY-ST-ZIP MGRM KENNEDY, JAMES J III STREET ADDRESS CITY-ST-ZIP MGRM KENNEDY, JAMES J III STREET ADDRESS CITY-ST-ZIP MGRM KENNEDY, ANNE M MGR STREET ADDRESS CITY-ST-ZIP MGRM CITY-ST-ZIP	Principal Pla	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	-						
2. Principal Place of Business 3. Mailing Address Suite, Apt #, dic. City & State City &											
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CINY FL ZIP Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Roida. I am familiar with, and accept the obligations of registered agent. 6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Roida. I am familiar with, and accept the obligations of registered agent. 6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Roida. I am familiar with, and accept the obligations of registered agent. 6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Roida. I am familiar with, and accept the obligations of registered agent. 6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Roida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Roida. I am familiar with, and accept the obligations of registered agent. 6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Roida. I am familiar with, and accept the purpose of the registered agent, or both, in the State of Roida. I am familiar with, and accept the purpose of the registered agent, or both, in the State of Roida. 6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Roida. 6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Roida. 6. The above named entity submits this statement for the purpose of changing its registered effice or registered effice. 6. The above named entity submits agent agent agent agent agent	Zip	Country	Zip	Country		rtificate of Stat	us Desired-	<u>.</u> \$!	5.00 Ad	lditional	
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A01. E. JACKSON STREET, SUITE 2500 TAMPA FL 33602 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familier with, and accept the obligations of registered agent. 9. FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS IMANAGERS 10. ADDITIONS/CHANGES SIRET ADDRESS		•		Address (BO Bay	Number in Ne	t Assessable)					
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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 local affect on	CITY-ST-ZIP			CITY-ST-ZIP							
	11. I hereby o	ertify that the information supplied with t	nis filing does not qualify for	the exemption sta	ated in Section 119.	.07(3)(i), Florid	a Statutes. I furth	er certify t	hat the in	formation	