## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0000004975  1. Entity Name BROCKSMITH PROPERTIES, LLC							FILED			
Principal Place of Business Mailing Address							01 JAN 25 AM 10: 36			
			Mailing Address 603 N. INDIAN RIVER DRIVE							
603 N. INDIAN RIVER DRIVE STE 300			STE 300				SECRETARY OF STATE TALEAHASSEE, FLORIDA			
FT. PIERCE FL 34986			FT. PIERCE FL 34986				TALEAHASSE	e, rusp	, ( ESPA Pil) Bible (bil)	200#C 001 (00)
2. Principal Place of Business			3. Mailing Address				* 100 F1017 011 00 F11 00111 00111 00		ANN <b>Dibio</b> ( <b>b</b> ia)	*#301 3121 (#31
Suite, Apt. #, etc.			Suite, Apt. #, etc.			•	DO NOT WRITE IN THIS SPACE			
City & State			City & State			<b>4.</b> FEI	Number		<u> </u>	pplied For ot Applicable
Zip	i	Country Zip Cou		Cour	ntry :	<b>5.</b> Cer	tificate of Status Desired		\$5.00 Ad	ditional
6. Name and Address of Current R			leaistered Agent			7. Name and Address of New Registered Agent				
. ~					Name					
LONG JR, WALLACE T					Street Address (P.O. Box Number is Not Acceptable)					
603 N INDIAN RIVER DR., STE 300 FT. PIERCE FL 34950										
FI. FIENO	E FL 3433	U		Cit					Zip Cod	10
•								FL	210 000	
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										
SIGNATORE _	Signature, typed	or printed name of registered agent	t and title if applicable. (NOTE	: Registere	d Agent signatu	re required when reinsta	iting)	DATE		
			50.00							
			Make Check Pa	yable t	o Departi	ment of State				
9.		MANAGING MEME	BERS/MEMBERS	10.			ADDITIONS/	CHANGES		
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NAME				NAM	E	GENAZO	S. JAMES BROCKSMITH	Park		
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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.										
SIGNATURE: Walland AST PARTICIPATION OF 1/15/01 STI-461-5571										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #										