

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90001 007 ****55.00

DOCUMENT # L000000Q9310

1. Entity Name

SECURITY BROTHERS INVESTMENT GROUP, L.L.C.



Principal Place of Business

1314 NORTH 3RD STREET
JACKSONVILLE BEACH FL 32250

Mailing Address

P.O. BOX 51172
JACKSONVILLE BEACH FL 32240-1172

2. Principal Place of Business

750 THIRD ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#3

City & State

NEPTUNE BEACH, FL

City & State

Zip

32266

Country

USA

Zip

Country

4. FEI Number

59-3720739

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JAMES J JR
1314 NORTH 3RD STREET
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

750 THIRD ST. SUITE #3

City

NEPTUNE BEACH

FL

Zip Code

32266

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SMITH, JAMES J JR	
STREET ADDRESS	1314 NORTH 3RD STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT F	
STREET ADDRESS	1314 NORTH 3RD STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WATTERS, JEFFERY H	
STREET ADDRESS	1314 NORTH 3RD STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	750 THIRD ST. STE #3	
STREET ADDRESS	NEPTUNE BEACH, FL 32266	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	750 THIRD ST. STE #3	
STREET ADDRESS	NEPTUNE BEACH, FL 32266	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	750 THIRD ST. STE #3	
STREET ADDRESS	NEPTUNE BEACH, FL 32266	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Jeff Watters JEFF WATTERS

1/21/04

904 246-5600

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

Date

Daytime Phone #