

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

0024686

03-13-2002 90016 034 \*\*\*\*\*55.00

80042079



DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000014321

1. Entity Name  
**BRYWN HOLDINGS LLC**

Principal Place of Business	Mailing Address
707 MILL CREEK ROAD JACKSONVILLE FL 32211	707 MILL CREEK ROAD JACKSONVILLE FL 32211

2. Principal Place of Business <b>7251 SALISBURY RD.</b>	3. Mailing Address <b>7251 SALISBURY RD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>JACKSONVILLE, FLORIDA</b>	City & State <b>JACKSONVILLE, FLORIDA</b>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
Zip <b>32256</b>	Country <b>USA</b>	Zip <b>32256</b>	Country <b>USA</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required			

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>INTRASTATE REGISTERED AGENT CORPORATION</b> 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM PHILIPS, BENJAMIN J 707 MILL CREEK ROAD JACKSONVILLE FL 32211</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7251 SALISBURY RD. 32256</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **2-28-02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)