

FILED

03 MAR 25 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000002004

1. Entity Name
BROTHERS SPE, LLCPrincipal Place of Business
1865 TAMiami TRAIL S.
VENICE, FL 34295Mailing Address
1865 TAMiami TRAIL S.
VENICE, FL 34295

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1075998

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, JOHN L
200 SOUTH ORANGE AVE.
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

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

City

FL

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. 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 withdrawing)

DATE



9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
P	GIBSON, JAMES E	8109 MIDNIGHT PASS	SARASOTA, FL 34242	☐
V	ROBINSON, JOHN	1320 CHALLENGE DR	BATAVIA, IL 60610	☐
VS	BYRD, MICHAEL J	1417 OLDE FORGE LANE	WOODSTOCK, GA 30189	☐
VT	KINZER, JOHN K	173 DEYTON ST	BARBOURSVILLE, WV 26504	☐
				☐
				☐

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ 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 808, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

John K. Kinzer

3/17/03

304-733-5349

CP25083 (10/02)