

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90273 030 \*\*\*150.00

0005497

**DOCUMENT # L01000004680**

1. Entity Name

**B.R.W. REAL ESTATE, L.L.C.**



Principal Place of Business

1403 MEDICAL PLAZA DR.  
SANFORD FL 32771

Mailing Address

1403 MEDICAL PLAZA DR.  
SANFORD FL 32771

2. Principal Place of Business

925 WILLISTON PK PT

Suite, Apt. #, etc.

SUITE 1001

City & State

LAKE MARY FLORIDA

Zip

32703

Country

U.S.

3. Mailing Address

925 WILLISTON PK PT

Suite, Apt. #, etc.

SUITE 1001

City & State

LAKE MARY FL

Zip

32703

Country

U.S.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

30-0023635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRANCH, MICHAEL E  
1403 MEDICAL PLAZA DR.  
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

MICHAEL E. BRANCH

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

925 WILLISTON PK PT

SUITE 1001

City

LAKE MARY

FL

Zip Code

32703

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, 2003**

9. / MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
ROTH, WALTER E III  
1403 MEDICAL PLAZA DR # 100  
SANFORD FL 32771 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
WATSON, CINDY  
1403 MEDICAL PLAZA DR # 100  
SANFORD FL 32771 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
MICHAEL E. BRANCH  
925 WILLISTON PARK PT #1001  
LAKE MARY, FL 32703 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
WALTER E. ROTH III  
925 WILLISTON PK PT #1001  
LAKE MARY FL 32703 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
CINDY WATSON  
925 WILLISTON PK PT #1001  
LAKE MARY FL 32703 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE:

*Michael E. Branch* MICHAEL E. BRANCH

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

Date

Daytime Phone #

CR2E083 (10/02)