

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008885 1. Entity Name BREWER OPERATING COMPANY, LLC	
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Principal Place of Business 4155 ST. JOHNS PARKWAY SUITE 2000 SANFORD, FL 32771	Mailing Address 4155 ST. JOHNS PARKWAY SUITE 2000 SANFORD, FL 32771
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3726071	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BREWER, DAVID B
4155 ST. JOHNS PARKWAY
SUITE 2000
SANFORD, FL 32771

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BREWER, DAVID B 4155 ST. JOHNS PARKWAY SANFORD, FL 32771
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04/05/04-80079-015 50.00

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IN THIS SPACE**

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 _____ Date _____ Daytime Phone # _____
SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE