4/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
04-16-2002 90093 041 ****50.00

DOCUMENT # L01000010226

1. Entity Name
BRINSON FARM LLC

Principal Place of Business
~~RT. 2 BOX 140~~ 2023 Dills Rd.
MONTICELLO FL 32344

Mailing Address
~~RT. 2 BOX 140~~ 2023 Dills Rd
MONTICELLO FL 32344

...85731

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 2023 Dills Rd.		Suite, Apt. #, etc. 2023 Dills Rd.	
City & State MONTICELLO, FL		City & State MONTICELLO, FL.	
Zip 32344	County Jefferson	Zip 32344	County Jefferson

4. FEI Number 59-1077611 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRINSON, EDWARD BAILEY
~~RT. 2 BOX 140~~ 2023 Dills Rd.
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

Name Edward Bailey Brinson
Street Address (P.O. Box Number is Not Acceptable)
2023 Dills Rd.
City Monticello FL Zip Code 32344

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 Edward Bailey Brinson 4/5/02
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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner & Manager, Edward Bailey Brinson, 2023 Dills Rd., Monticello, Fl. 32344	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner & Manager, Brinson Farm, Edward B. Brinson	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2023 Dills Rd. Monticello, Fl. 32344	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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: Edward Bailey Brinson 5/6/02 850-997-2465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #