

~~*Amended*~~
**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000011831

1. Entity Name

Briana Residuals, LLC

FILED

02 JUN 24 PM 1:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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2. Principal Place of Business

RG Solomon Arcade

Suite, Apt. #, etc.

Main Street, Suite 11

City & State

Charlestown

Zip

Country

Nevis, WI.

3. Mailing Address

3350 Buschwood Park Dr

Suite, Apt. #, etc.

Suite 160

City & State

Tampa, FL

Zip

Country

U.S.A.

4. FEI Number

01-0566720

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Offshore Trust Services, Inc.

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

3350 Buschwood Park Drive

Suite 160

City

Tampa

FL

Zip Code

33618

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

[Signature]

Vice President

5/22/03

DATE

FEE IS \$50.00

Make Check Payable to Department of State
 DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
Manager (MGR)	First Fidelity Trust, Ltd.	RG Solomon Arcade, Main St., #11	Charlestown, Nevis, West Indies				
							900006037139--1
							-06/26/02--01028--003
							*****50.00 *****50.00
							DO NOT WRITE 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)(f), 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:

REYNOLDS F.T. LAKE

First Fidelity Trust 6/12/02 (264) 497-2069

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

Date

Daytime Phone #