FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 29, 2002 8:00 am **Secretary of State** DOCUMENT # L01000014675 1. Entity Name 03-29-2002 91211 042 \*\*\*\*50 00 BROOKCOURT, L.L.C. Principal Place of Business 5922 CATTLEMEN LANE, SUITE 203 5922 CATTLEMEN LANE, SUITE 203 SARASOTA FL 34232 SARASOTA FL 34232 3. Mailing Address 2. Principal Place of Business 803 N. Calhoun St. 803 N. Calhoun St. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Tallahassee, 65-6381338 Tallahssee, FL Zip 32303 Country \$5.00 Additional Country 5. Certificate of Status Desired 32303 USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Theodore E. Mack DECHOW, GERALD A Street Address (P.O. Box Number is Not Acceptable) 5922 CATTLEMEN LANE, SUITE 203 SARASOTA FL 34232 803 N. Calhoun St. Zip Code Tallahassee 8. The above named entity subprits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 2/25/2002 Theodore E. Mack (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. (9/01 Addition Change TITLE TITLE MGR ☐ Delete NAME NAME Theodore E. Mack STREET ADDRESS STREET ADDRESS 803 N. Calhoun St. CITY-ST-ZIP CITY-ST-ZIP Tallahassee, FL 32303 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME Jerry W. Hinson STREET ADDRESS STREET ADDRESS 803 N. Calhoun St. CITY-ST-ZIP CITY-ST-ZIP <u>Tallahassee, FL 3230</u>3 ☐ Addition ☐ Change ☐ Delete TITLE NAME Annette B. Jansenius STREET ADDRESS STREET ADDRESS 803 N. Calhoun St. CITY-ST-ZIP CITY-ST-ZIP <u> Tallahassee, FL 32303</u> ☐ Change ☐ Addition ☐ Delete TITLE MGRM NAME NAME Palm Bay, LLC STREET ADDRESS STREET ADDRESS 803 N. Calhoun St. CITY-ST-7IP CITY-ST-ZIP Tallahassee, FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

QUIRJETTY W. Hinson, MGR

GER, OR AUTHORIZED REPRESENTATIVE

850-638-4654

Daytime Phone #