LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Feb 26, 2002 8:00 am Secretary of State

DOCUMENT # L01000020966 1. Entity Name				02-26-2002 90086 004 ****50.00	•
BRANDE	VELOPERS FLORIC	A, LLC			
	DO NOT WRIT	TE IN THIS S	PACE	0.00.8.47	
2. Principal P	lace of Business	3. Mailing Address		929647	
Suite, Apt.	PENSACOLA BLVD #, etc.	5 COUNTRY (Suite, Apt. #, etc.	CLUB RD	DO NOT WRITE IN THIS SPACE	,
City & State	ACOLA, FL	City & State SHALIMAR,	FL	4. FEI Number 375 9111 Applied F	
32514	Country USA	32579	Country USA	5. Certificate of Status Desired \$5.00 Additional Fee Required	
	· · · · · · · · · · · · · · · · · · ·	*		7. Name and Address of Current Registered Agent	
	DO NOT	MOITE	Name WI	ILLIAM BRANDON	-
	DO NOT	to a contract of the contract	Street Address	(P.O. Box Number is Not Acceptable)	
	IN THIS S	SPACE	5 0	DONORY CLUB NOTICE	$\overline{}$
•			City SH A	ALIMAR FL Zig Code 79	7
8. The above	named entity submits this statement	ent for the purpose of changing its	s registered office or registe	ered agent, or both, in the State of Florida.	$\overline{}$
SIGNATURE .					Ì
	Signature, typed or printed name of registered	- in		DATE _	
			FEE IS \$50.00 ayable to Department	of State	
			DUE BY MAY 1	o, otate	
9.	MANAGING ME	MBERS/MANAGERS	p yr		
TITLE	MGRM TO	!	TITLE		
name Street address	WILLIAM BRAM 5 COUNTRY CLU	NDON 3 0 0 40	NAME STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL	32579-1605	CITY-ST-ZIP		
TITLE	MC-RM		TITLE		
NAME STREET ADDRESS	PATRICIA BRAN 5 COUNTRY CLU	JAN.	NAME STREET ADDRESS		ľ
CITY-ST-ZIP	SHALLMAR, FL	32579-16Q5	CITY-ST-ZIP		1
TITLE			TITLE		
NAME	,		NAME CERTIFICA ADDRESS		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
TITLE			TITLE	IN THIS SPACE	
NAME			NAME CERTET ADDRESS	IN THIS SPACE	. }
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NAME		2	NAME CARREL ADDRESS		,[
STREET ADDRESS CITY-ST-ZIP	•		STREAT ADDRESS PATY-ST-ZIP		}

11. I hereby certify that the information supplied with this fling 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 companyor the receiver or trusted expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE!

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

-16-02 (850)65

Daytime Phone #