FILED
Sep 22, 2003 8:00 am
Secretary of State
08-20-2003 90031 027 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000000295

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1. Entity Name
BROOKWOOD TRADING INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
4000 NORTHFIELD WAY. STE. 700 ROSWELL GA 30076	4000 NORTHFIELD WAY. STE. 700 ROSWELL GA 30076

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	15500 Roosevelt Blvd. Suite, Apt. #, etc. Ste 303
City & State	City & State Clearwater, FL
Zip / Country	Zip / Country 33760

4. FEI Number 80-0023969 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRONSTEIN, JOEL D 150 SECOND AVE. NORTH, STE. 1100 ST. PETERSBURG FL 33701	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Managing Member – MGRM ☐ Delete Leslie A. Rubin 15500 Roosevelt Blvd #303 33760 Clearwater, FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Member ☒ Delete Scott Rosenblum 1776 Peachtree Rd NW #340S Atlanta, GA 30309	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Member ☒ Delete Jerry Rosenblum 1776 Peachtree Rd NW #340S Atlanta, GA 30309	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition

CR2E083 (4/03)

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: SIGNATURE Leslie A. Rubin 08/15/03 727-530-0021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #