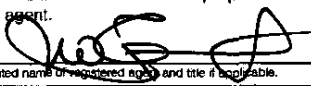
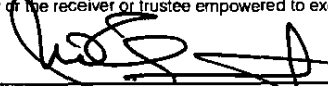


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90355 028 ****50.00

DOCUMENT # L02000027605					
1. Entity Name BRP HOLDING-LLC					
Principal Place of Business C/O FRANAN CONSULTING, INC. 15500 DE HAVILLAND CT. WEST PALM BEACH, FL 33414 US			Mailing Address 15500 DE HAVILLAND CT. WEST PALM BEACH, FL 33414 US		
2. Principal Place of Business 3460 FAIRLANE FARMS RD. Suite, Apt. #, etc. SUITE # 1		3. Mailing Address same as 2 Suite, Apt. #, etc.			
City & State WELLINGTON, FL.		City & State		4. FEI Number 20-0647422 APPLIED FOR	
Zip 33414 Country U.S.A		Zip Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANAN CONSULTING, INC. 15500 DE HAVILLAND CT. WEST PALM BEACH, FL 33414			7. Name and Address of New Registered Agent Name FRANAN CONSULTING INC Street Address (P.O. Box Number is Not Acceptable) 3460 FAIRLANE FARMS RD # 1 City WELLINGTON FL Zip Code 33414		
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 4/20/04 Signature, typed or printed name of registered agent, and title is acceptable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MG/MR GRYGIEL, NANCY 15500 DE HAVILLAND CT. WELLINGTON, FL 33414		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  NANCY GRYGIEL Managing Member 4/20/04 561 795 3802 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					