2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90355 028 ****50.00

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1. Entity Name
BRP HOLDING LLC

Principal Place of Business	Mailing Address
C/O FRANAN CONSULTING, INC. 15500 DE HAVILLAND CT. WEST PALM BEACH, FL 33414 US	15500 DE HAVILLAND CT. WEST PALM BEACH, FL 33414 US

04202004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3460 FAIRLANE FARMS RD.	same as 2
Suite, Apt. #, etc. SUITE # 1	Suite, Apt. #, etc.
City & State WELLINGTON, FL.	City & State
Zip 33414 Country U.S.A	Zip Country

4. FEI Number 20-0647422 APPLIED FOR ☐ Applied For ☐ Not Applicable

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 [signature] DATE 4/20/04
Signature, typed or printed name of registered agent and title if applicable. (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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [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 #