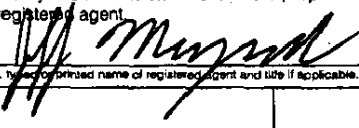


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

08-01-2003 90023 028 ****50.00

DOCUMENT # L02000033863 1. Entity Name BRESTONE LLC			
Principal Place of Business 3693-A DONOVAN DR. TALLAHASSEE FL 32309		Mailing Address 3693-A DONOVAN DR. TALLAHASSEE FL 32309	
2. Principal Place of Business 3217 Shimmy Lane Suite, Apt. #, etc. \$		3. Mailing Address 3217 Shimmy Lane Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32308		Zip 32308	
Country USA		Country USA	
4. FEI Number 45-0500801		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAYNARD, JEFF 3693-A DONOVAN DR. TALLAHASSEE FL 32309		7. Name and Address of New Registered Agent 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:  7-11-03 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 MEMBER ☐ Delete NAME Jeff Maynard STREET ADDRESS 3217 Shimmy Lane CITY-ST-ZIP Tallahassee, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MEMBER ☐ Delete NAME Lynette Croschere STREET ADDRESS 3217 Shimmy Lane CITY-ST-ZIP Tallahassee, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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:  REQUIRED		Date 7-11-03 Daytime Phone #	

44005769

☐ CHECK HERE IF MAKING CHANGES

CR2E083 (4/03)