


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000009200**  
1. Entity Name  
**ST. SEBASTIAAN BELGIAN MICROBREWERY NORTH  
AMERICA, LLC**



Principal Place of Business <b>1434 CORNELL AVENUE SPRING HILL, FL 34609 US</b>	Mailing Address <b>20 SOUTH BROAD STREET BROOKSVILLE, FL 34601 US</b>
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04102005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>87-0688819</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HOGAN, THOMAS S JR.  
20 SOUTH BROAD STREET  
BROOKSVILLE, FL 34601**

**DO NOT WRITE  
IN THIS SPACE**

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)

**Filing Fee is \$50.00  
Due by May 1, 2005**

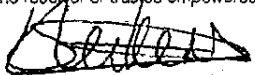
U00000310415  
04/18/05-80003-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VAN LIMBERGEN, SERGE 1434 CORNELL AVENUE SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STERKENS, MARLEEN 1434 CORNELL AVENUE SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCCALL, DEBORAH 20 SOUTH BROAD STREET BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **MARLEEN STERKENS** 4/14/05 352-686-5713  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #