2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 16, 2004 8:00 am Secretary of State **DOCUMENT # L03000026110** 01-16-2004 90016 029 ****55 00 BRISEC, LLC Principal Place of Business Mailing Address 5254 RIVERMILL LANE 5254 RIVERMILL LANE **TALINGES** LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 2378865 **5**6 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City 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 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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE ☐ Change ☐ Addition NAME BRICE, MICHAEL NAME 5254 RIVERMILL LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-ST-ZIP TITLE MGR ☐ Delete Change ☐ Addition SEYMOUR, MERRICK NAME NAME STREET ADDRESS 5254 RIVERMILL LANE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-ST-76 TITLE ☐ Delete Change ☐ Addition NAME BRICE, MICAHEL* BRICE, MICHAEL 5254 RIVERMILL LANE NAME STREET ADDRESS 5254 RIVERMILL LANE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-ST-ZIP TITI F Delete TITI F Change ■ Addition SEYMOUR, MERRICK NAME NAME **5254 RIVERMILL LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZSP LAKE WORTH, FL. 33463 CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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. MICHAEL BRICE

BYTED NAME OF SIGNING MAKAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED