2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 12, 2004 8:00 am Secretary of State **DOCUMENT # L03000052791** 03-12-2004 90224 019 ****50.00 BRANDON, LLC Principal Place of Business Mailing Address PO BOX 3396 PO BOX 3396 SARASOTA, FL 34230 SARASOTA, FL 34230 2. Principal Place of Business 3. Mailing Address 833 Laurel St Suite, Apt. #, etc. Suite, Apt. #, etc. 01032004 CR2E083 (10/03) City & State Applied For City & State 4. FEI Number SARASO HA 20-0502666 Not Applicable Country ZiD Country \$5.00 Additional 5. Certificate of Status Desired 4236 U S 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SER REAL ESTATE INVESTMENT, LLC 1833 LAUREL ST. Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34230 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 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 ШE MGRM ☐ Delete TITLE ☐ Change M Addition SER REAL ESTATE INVESTMENT, LLC NAME NAME STREET ADDRESS PO BOX 3396 STREET ADDRESS SARASOTA, FL 34230 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-71P CITY-ST-ZIP Delete TALLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED