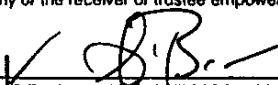


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90039 015 ****50.00

DOCUMENT # L04000025193 1. Entity Name REID, BROWN & CO., LLC					
Principal Place of Business 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801 US			Mailing Address 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc		60038486 	
City & State Zip Country		City & State Zip Country		03092007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-1030342				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent HENDRY, STONER, CALANDRINO & BROWN, P A 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARBARA, ALEXANDER Y 14685 LAKE SHORE ROAD KENT, NY 14477	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4501-130 NEW BERN AVE. #245 RALEIGH, NC 27610-1550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARBARA, SARAH A 14685 LAKE SHORE ROAD KENT, NY 14477	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4501-130 NEW BERN AVE. #245 RALEIGH, NC 27610-1550
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  ALEXANDER Y. BARBARA			3/12/07		585-542-4095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #