2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 18, 2007 8:00 am
Secretary of State
04-18-2007 90039 015 ****50.00

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03092007 Chg-LLC CR2E083 (12/06)

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1. Entity Name
REID, BROWN & CO., LLC

Principal Place of Business	Mailing Address
20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801 US	20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801 US

2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (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	☒ Change ☐ Addition 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	☒ Change ☐ Addition 4501-130 NEW BERN AVE. #245 Raleigh, NC 27610-1550
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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: [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 #