

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90020 007 ****50.00

DOCUMENT # L04000063792

1. Entity Name

BREW, HARPER & ASSOCIATES, PL



Principal Place of Business

12627 SAN JOSE BLVD.
SUITE 302
JACKSONVILLE, FL 32223

Mailing Address

12627 SAN JOSE BLVD.
SUITE 302
JACKSONVILLE, FL 32223

2. Principal Place of Business

6817 Southpoint Parkway
Suite, Apt. #, etc.
1804

3. Mailing Address

6817 Southpoint Parkway
Suite, Apt. #, etc.
1804



04082005 Chg-LLC CR2E083 (10/03)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

20-1556732

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

32216

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARPER, LEWIS W
12627 SAN JOSE BLVD.
SUITE 302
JACKSONVILLE, FL 32223

7. Name and Address of New Registered Agent

Name

LEWIS W. HARPER

Street Address (P.O. Box Number is Not Acceptable)

6817 Southpoint Parkway, STE 1804

City

Jacksonville

FL

Zip Code

32216

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

4-9-05

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LEWIS HARPER, PL ☐ Delete
STREET ADDRESS 12627 SAN JOSE BLVD., SUITE 302
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE MGRM
NAME GEORGE K. BREW, PL ☐ Delete
STREET ADDRESS 76 S. LAURA STREET, SUITE 1703
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME LEWIS HARPER, PL ☒ Change ☐ Addition
STREET ADDRESS 6817 Southpoint Parkway, STE 1804
CITY-ST-ZIP Jacksonville, FL 32216

TITLE MGRM
NAME GEORGE K. BREW, PL ☒ Change ☐ Addition
STREET ADDRESS 76 S. LAURA STREET, SUITE 1703
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

LEWIS W. HARPER

Date

Daytime Phone #

4-9-05

904-886-9270