

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

04-12-2005 90010 033 *****50.00
FILED L04000089770

2005 JUN 16 PM 12: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000089770	
1. Entity Name SRBC I, LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 266 BASQUE ROAD Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 299 Suite, Apt. #, etc.	
City & State SAINT AUGUSTINE, FLORIDA		City & State SAINT AUGUSTINE, FLORIDA	
Zip 32080	Country USA	Zip 32085	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Karel Ourednik IV, Esquire	
	Street Address (P.O. Box Number is Not Acceptable) 4925 Beach Boulevard	
	City Jacksonville	Zip Code 32207
	FL	

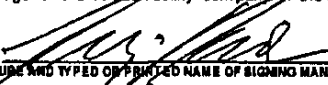
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUIZ C. KUNTZ 266 BASQUE ROAD SAINT AUGUSTINE, FL 32080	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **LUIZ C. KUNTZ** (904) 829-8677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2ED83B (12/02)