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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04000089770

1. Entity Name
SRBC I, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
266 BASQUE ROAD	P.O. BOX 299
Suite, Apt. #, etc.	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 [X] 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 FL Zip Code: 32207

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. DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	LUIZ C. KUNTZ	NAME	
STREET ADDRESS	266 BASQUE ROAD	STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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 reciever or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] LUIZ C. KUNTZ (904) 829-8677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #