


2nd and FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000000207			
BREWER HOLDINGS, LLC % KIRK EICHOLTZ, PA 3001 N ROCKY PT DR. EAST SUITE 200 TAMPA FL 33607		1a. Principal Place of Business Address % KIRK EICHOLTZ, PA 3001 N ROCKY PT DR. EAST SUITE 200 TAMPA FL 33607			
2. Principal Place of Business 4922 S. Melrose Ave Suite, Apt. #, etc. Tampa City & State Tampa FL Zip 33629 Country Hillsborough.		2a. Mailing Address 4922 S. Melrose Ave. Suite, Apt. #, etc. Tampa, FL City & State Tampa, FL Zip 33629 Country Hillsborough.		3. Date Organized or Qualified 02/17/1997 3a. State of Formation FL 4. FEI Number Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent REGNIER, EDWARD 4271 LAGO WAY SARASOTA FL 34241		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	KONNER ANN BREWER IR,	% 3001 N ROCKY PT DR. EAST		TAMPA FL	
MGRM	JOEL W BREWER REVOCA,	% 3001 N ROCKY PT DR. EAST		TAMPA FL	
11 I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <u>Joel W Brewer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					
<small>Date Daytime Phone #</small>					