

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90957 024 \*\*\*\*50.00

**DOCUMENT # L98000001161**

1. Entity Name

**BRANDON POINT, L.L.C.**

Principal Place of Business

3150 PIO PICO DRIVE, SUITE 100  
 CARLSBAD CA 92009

Mailing Address

3150 PIO PICO DRIVE, SUITE 100  
 CARLSBAD CA 92009

2. Principal Place of Business

4559 STRATFORD CIR

3. Mailing Address

4559 STRATFORD CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCEANSIDE CA

City & State

OCEANSIDE CA

Zip

92056

Country

USA

Zip

92056

Country

USA

4. FEI Number

59-3517588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

STYLES, MICHAEL J  
 888 S ANDREWS AVE  
 SUITE 301  
 FT. LAUDERDALE FL 33316

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 GOLDEY, ROBERT S III  
 3150 PIO PICO DRIVE, SUITE 100  
 CARLSBAD CA 92009 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 SERGENT, KENNETH  
 3150 PIO PICO DRIVE, SUITE 100  
 CARLSBAD CA 92009 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 THOMAS, LARRY L  
 4559 STRATFORD CIR  
 OCEANSIDE CA ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 SCHARBARTH, CAROL A TRUSTEE  
 P.O. BOX 2704  
 RANCHO SANTA FE CA 92067 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 KAREN GOLDEY  
 1203 BRIDGEHAMPTON ST.  
 SAN MARCOS CA. 92069 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 KENNETH SERGENT  
 5256 S. MISSION RD, STE 713-215  
 BONSALL CA 92003 ☐ 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

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:

*Larry L Thomas* **REQUIRED**

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

Date

Daytime Phone #

CR2E083 (9/01)