

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # **L 982610**

00 MAY -4 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**Brian A. Payne, L.L.C.**

Principal Place of Business  
**13016 Plantation Park Circle #1133  
Orlando, FL 32821**

Mailing Address  
**13016 Plantation Park Circle #1133  
Orlando, FL 32821**

2. Principal Place of Business  
**5085 Latrobe Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**5085 Latrobe Drive**  
Suite, Apt. #, etc.

City & State  
**Windermere, FL**

City & State  
**Windermere, FL**

Zip  
**34786** Country  
**USA**

Zip  
**34786** Country  
**USA**

4. FEI Number  
**59-3540229**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Brian A. Payne**  
**13016 Plantation Park Circle #1133**  
**Orlando, FL 32821**

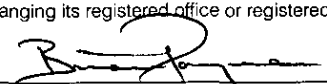
7. Name and Address of New Registered Agent

Name  
**Brian A. Payne**

Street Address (P.O. Box Number is Not Acceptable)  
**5085 Latrobe Drive**

City  
**Windermere** **FL** Zip Code  
**34786**

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 **Brian A. Payne**  DATE **May 1, 2000**

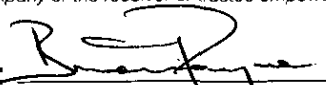
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member</b> <b>Brian A. Payne</b> <b>13016 Plantation Park Circle #1133</b> <b>Orlando, FL 32821</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member</b> <b>Brian A. Payne</b> <b>5085 Latrobe Drive</b> <b>Windermere, FL 34786</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Brian A. Payne** DATE **May 1, 2000** DAYTIME PHONE # **407-973-5509**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (1/99)