

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90075 008 \*\*\*\*50.00

**DOCUMENT # L98000002648**

1. Entity Name

**BRB GROUP, L.L.C.**

Principal Place of Business

**548 48TH STREET COURT EAST  
 BRADENTON FL 34208**

Mailing Address

**548 48TH STREET COURT EAST  
 BRADENTON FL 34208**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 449**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**BRADENTON FL**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34222 USA**

5. Certificate of Status Desired

**\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BLALOCK, LANDERS, WALTERS & VOGLER, P.A.  
 C/O ROBERT G. BLALOCK  
 802 - 11TH STREET WEST  
 BRADENTON FL 34205**

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	BROWN, THOMAS B	548 48TH STREET COURT EAST	BRADENTON FL 34208	<input type="checkbox"/>
MGR	BRODERICK, ROGER B	5514 PARK BLVD. N.	PINELLAS PARK FL 33781	<input type="checkbox"/>
MGR	RUPPEL, DENNIS G	5201-102ND AVENUE N.	PINELLAS PARK FL 33782	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **THOMAS B BROWN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/11/02 941-741-2500  
 Date Daytime Phone #

CR2E083 (9/01)