

# 2003 LIMITED-LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90031 025 \*\*\*\*\*55.00

0058053

**DOCUMENT # L99000001303**

1. Entity Name

**B.R.J.M. DEVELOPMENT, LLC**



Principal Place of Business

**9625 ALONZO RD  
RIVERVIEW FL 33569**

Mailing Address

**9625 ALONZO RD  
RIVERVIEW FL 33569**

2. Principal Place of Business

**9625 Wes Kearney Way**

3. Mailing Address

**9625 Wes Kearney Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Riverview, FL**

City & State

**Riverview, FL**

Zip

**33569**

Country

**US**

Zip

**33569**

Country

**US**

4. FEI Number **59-3568211**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SWOPE, DALE  
777 S. HARBOUR ISLAND BLVD., SUITE 850  
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>KEARNEY, C.W. "BING" JR</b>	
STREET ADDRESS	<b>9625 ALONZO RD</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>KEARNEY, BRYAN G</b>	
STREET ADDRESS	<b>9625 ALONZO RD</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>WILES, RICHARD</b>	
STREET ADDRESS	<b>9625 ALONZO RD</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>MARKUM, DOUG</b>	
STREET ADDRESS	<b>9625 ALONZO RD</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>SOMRAK, JAMES</b>	
STREET ADDRESS	<b>9625 ALONZO RD</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9625 Wes Kearney Way</b>
STREET ADDRESS	<b>Riverview, FL 33569</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9625 Wes Kearney Way</b>
STREET ADDRESS	<b>Riverview, FL 33569</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9625 Wes Kearney Way</b>
STREET ADDRESS	<b>Riverview FL 33569</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9625 Wes Kearney Way</b>
STREET ADDRESS	<b>Riverview FL 33569</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

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

Date

Daytime Phone #

CR2E083 (10/02)