2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002135

1. Entity Name

BRN CAPITAL HOLDING, LLC

Principal Place of Business	Mailing Address
33 SOUTHEAST THIRD STREET	33 SOUTHEAST THIRD STREET
BOCA RATON FL 33432	BOCA RATON FL 33432-4913

2. Principal Place of Business
5801 North Congress Ave
Suite, Apt. #, etc.

3. Mailing Address
5801 North Congress Ave
Suite, Apt. #, etc.

—— —DO NOT WRITE IN THIS SPACE— ——

City & State Boca Raton FL

City & State Boca Raton FL

4. FEI Number 65-0911349

Applied For ☐
Not Applicable ☐

Zip 33487   Country USA

Zip 33487   Country USA

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EMO CORPORATE SERVICES, INC. 100 NORTHEAST THIRD AVENUE, SUITE 1100 FORT LAUDERDALE FL 33301	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

9.	MANAGING MEMBERS / MEMBERS		10.		ADDITIONS / CHANGES	
TITLE	MGR	☐ Delete	TITLE		☒ Change ☐ Addition	
NAME	MARTIN, MICHAEL		NAME	5801 North Congress Ave		
STREET ADDRESS	33 SOUTHEAST THIRD STREET		STREET ADDRESS	Boca Raton, FL 33487		
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME	100003148801---7		
STREET ADDRESS			STREET ADDRESS	-02/28/00---01016--018		
CITY-ST-ZIP			CITY-ST-ZIP	*****50.00 *****50.00		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E083 (9/99)

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: S/ MICHAEL MARTIN REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #