2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Feb 11, 2004 8:00 am Secretary of State DOCUMENT # L99000008095 1. Entity Name 02-11-2004 90210 019 \*\*\*\*50.00 BRAUSER INVESTMENT GROUP, LLC Mailing Address Principal Place of Business 2101 N ANDREWS AVE 2101 N ANDREWS AVE SUITE 101 FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address O. Box Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) Applied For City & State 4. FEI Number 65-0978169 Not Applicable Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Michael Brauser BRAUSER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2101 N ANDREWS AVE SUITE 101 FT LAUDERDALE FL 33311 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. lichael (NOTE; Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGRM Change ☐ Addition **MGRM** TITLE TITLE Delete Branser, Michael Are BRAUSER, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 2101 N ANDREWS AVE SUITE 101 FT LAUDERDALE FL 33311 CITY-ST-ZIP City-St-7IP МЕМ TITLE ☐ Change Addition ☐ Detete TITLE NAME BRAUSER ENTERPRISES, LTD. NAME STREET ADDRESS 2101 N ANDREWS AVE SUITE 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33311 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BRAUSER, JERRY STREET ADDRESS STREET ADDRESS 2101 N ANDREWS AVE 101 CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33311 Change Addition ☐ Delete TITLE TITLE SWAYMAN, ROBERT NAME NAME STREET ADDRESS 5022 N.W. 102ND DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CORAL SPRINGS FL-33076 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #