2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9900008095

BRAUSER INVESTMENT GROUP, LLC



Principal Place of Business Mailing Address CONTITO! 2101 N ANDREWS AVE 2101 N ANDREWS AVE SUITE 101 SUITE 101 FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0978169 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRAUSER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2101 N ANDREWS AVE SUITE 101 FT LAUDERDALE FL 33311 Zip Code City 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 SIGNATURE 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 Florida Department of State Due By May 1, 2003 S N SI ŦI.

FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90257 001 ****50.00

MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHA		CHANGES		
ITLE AME Treet address ITY-ST-ZIP	MGRM BRAUSER, MICHAEL 2101 N ANDREWS AVE SUITE 101 FT LAUDERDALE FL 33311	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
itle Ame Treet address (TY-ST-ZIP	MEM BRAUSER ENTERPRISES, LTD. 2101 N ANDREWS AVE SUITE 101 FT LAUDERDALE FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TLE Ame Treet address ITY-ST-ZIP	MEM BRAUSER, JERRY 2101 N ANDREWS AVE 101 FT LAUDERDALE FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second of the second o		☐ Change	☐ Addition
TLE Ame Treet address ITY-ST-ZIP	MEM SWAYMAN, ROBERT 5022 N.W. 102ND DRIVE CORAL SPRINGS FL 33076	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TLE Ame Treet address Ty-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TLE AME IREET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filling 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:

Daytime Phone #