2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900008774

1. Entity Name

BRENNAN DEVELOPMENTS, LLC



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90233 029 ****50.00

<u> </u>		•		GOO WE TE				
Principal Place of Business		Mailing Address	Mailing Address					
255 SUNRISE AVENUE		255 SUNRISE AVENUE						
STE 200		STE 200			ł	20009422		
PALM BEACH	H FL 33480	PALM BEACH FL 33480			1.0500	₩ 0 (100466	
2. Principal	al Place of Business	3. Mailing Address	3. Mailing Address					
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.			_			
7711200					ļ	CHECK HERE I	F MAKING CHAN	GES
City-& Sta		City & State	City & State		4. FEI Number	65-0967433	3	Applied For
Zip	Country	Zip	Count	itry	5. Certificate (of Status Desired	\$5.00	Not Applicable Additional
-	6. Name and Address of Curre	ent Registered Agent	<u> </u>	, =	.s		Fee.Re	
DA		all negleteres Agent	 	Name	7. Name and a	Address of New Re	igistered Agent	
	WIEL GREENGLASS		ļ					. <u></u>
	5 SUNRISE AVE., #200 ILM BEACH FL 33480		Street Address (I		(P.O. Box Number	r is Not Acceptable)		
	LM DEAUTIFE SOMOU							
			}	City				
A The above	a named antity submits this statemen		, ·					Code
the obliga	ve named entity submits this statement ations of registered agent.	; for the purpose of changing its	s registerer	d office or register	red agent, or both,	, in the State of Flori	ida. I am familiar v	with, and accept
SIGNATURE	· · · · · · · · · · · · · · · · · · ·							
SIGNACIONIL	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered	d Agent signature required	d when reinstating)		DATE	
				EE IS \$50.00			- Unic	
}		Make Check Payab	le to Flo	rida Departmer	nt of State			
		Du	re By May	v 1, 2003	III OI OILIG			
9.	MANAGING MEMI	BERS/MANAGERS	10.			ADDITIONS (C	******	
TITLE	MGR	☐ Delete	TITLE			ADDITIONS/C		- Addition
NAME STREET ADDRESS /	GREENGLASS, DANIEL		NAME	l			☐ Chan	nge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP	SOO COMMON MANAGE			T ADDRESS				
TITLE	PALM BEACH FL 33480		CITY-S1	JT-ZIP				
NAME .	BENITZ, TIMOTHY	☐ Delete	TITLE				☐ Chang	ge Addition
STREET ADDRESS	255 SUNRISE AVENUE		NAME STREET	T ADDRESS				•
CITY-ST-ZIP	PALM BEACH FL 33480		STREET A					
TITLE		□ Delete	TITLE	= -				
NAME	1	LI Donne	NAME				Chang	ge Addition
STREET ADDRESS	1			T ADDRESS				
CITY-ST-ZIP			CITY-ST	.T-ZIP				
TITLE	1	☐ Delete	TITLE				☐ Chang	ge
NAME STREET ADDRESS	I		NAME	1			-	· [_] 1.000
CITY-ST-ZIP	l			ADDRESS				
TITLE			CITY-ST-	-ZiP		<u> </u>		
NAME	l	☐ Delete	TITLE NAME	1			☐ Change	e 🔲 Addition
STREET ADDRESS	1		NAME STREET A	ADDRESS				
CITY-ST-ZIP			CITY-ST-					:
TITLE		☐ Delete	TITLE				Change	- a automa
NAME STREET ADDRESS		·=- ·	NAME	}			☐ Change	e 🔲 Addition
STREET ADDRESS CITY-ST-ZIP			STREET AL	ADDRESS				
			CITY-ST-					
11. I hereby ce	ertify that the information supplied with	n this filing does not qualify for '	the exemp	otion stated in Sect	tion 119 07(3)(i) E	Jorida Statutes I fur	that partify that the	- 1-5

11. 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 point as required by Chapter 608, Florida Statutes.

SIGNATURE: DISCUSSIONAL SIGNATURE AND TYPED OR PRINTED NAME

Daytime Phone #