


799 00000 1106  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # m 99 00000 1106	
1. Entity Name Carolina microbrew, LLC	

FILED  
03 MAY 14 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

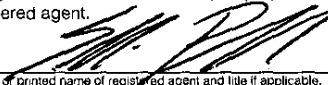
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2100 South Blvd Suite, Apt. #, etc.	3. Mailing Address 2100 South Blvd Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

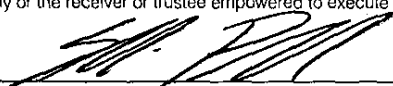
City & State Charlotte NC	City & State Charlotte NC	4. FEI Number 56-1957960	Applied For Not Applicable
Zip 28203	Country USA	Zip 28203	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Shashi Palmand	
	Street Address (P.O. Box Number is Not Acceptable) 2 Independent Drive W Suite 223	
	City Jacksonville	FL Zip Code 32202

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  DATE 4/30/03

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm Ryan, Joseph J 2100 South Blvd Charlotte NC 28203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100018937741 05/14/03--01030--016 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm Shashi Palmand 2100 South Blvd Charlotte NC 28203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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:  DATE 4/30/03 704-358-9836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)