

DOCUMENT # P96000090731

1. Entity Name

BROWN REAL ESTATE INVESTMENTS, INC.



FILED
Jan 20, 2004 08:00 AM
Secretary of State

Principal Place of Business

POST OFFICE BOX 56073 JACKSONVILLE, FL 32241 Mailing Address

POST OFFICE BOX 56073 JACKSONVILLE, FL 32241



01062004

No Chg-P

CR2E034 (10/03)

4.	FEI Numbe	er
	59-341	4620

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MORGAN, ROBET W C/O FORD, JETER & BOWLUS PA 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257

SIGNATURE:

DO NOT WRITE IN THIS SPACE

SACIOGICALE, LE SEZUI			iit iiilo oi Ao2			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed affice or s	registered agent, or bot	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_						
	Signature, typed or printed name of registered agent and title i	tapplicable. (NOTE Registered	Agent signature	e required when reinstating)	DATE	
File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	TORS	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
title Name Street address City-St-Zip	D BROWN, JAMES D 4370 MORNING DOVE DRIVE JACKSONVILLE, FL 32258				#0000000000000000000000000000000000000	
Title Name Street Address City-St-Zip	D BROWN, KAREN P 4370 MORNING DOVE DRIVE JACKSONVILLE, FL 32258			00000007633 01/20/01-80007-009 150.00		
title Name Street address City-St-Zip				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
title Name Street Address City-St-Zip						
12. I hereby of indicated of the conchanged,	pertify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ling does not qualify for the exer and accurate and that my signate to execute this report as requir other like empowered.	nption state ure shall haved by Chap	d in Section 119.07(3)(ve the same legal effec- ter 607, Florida Statute	 Florida Statutes. I further certify that the information it as if made under eath; that I am an officer or director is, and that my name appears in Block 10 or Block 11 if 	