

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90004 016 ***150.00

DOCUMENT # L01000009161

1. Entity Name

SUBLETTE REAL ESTATE, LLC

Principal Place of Business

111 SECOND AVENUE NORTHEAST, STE. 1406
 ST. PETERSBURG FL 33701

Mailing Address

111 SECOND AVENUE NORTHEAST, STE. 1406
 ST. PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Ste. 1401

Suite, Apt. #, etc.

Ste. 1401

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0417587

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name *David J. Sockol*

Street Address (P.O. Box Number is Not Acceptable)

111 Second Ave NE Suite 1401

City *St. Petersburg*

FL

Zip Code *33701*

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.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
 NAME **MGRM SOCKOL, DAVID J**
 STREET ADDRESS **111 SECOND AVENUE NORTHEAST, STE. 1406**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE Change Addition
 NAME
 STREET ADDRESS *Suite 1401*
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/15/02
3/20/02

CR2E083 (9/01)