

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90296 007 ****50.00

DOCUMENT # L01000019250

1. Entity Name

TREVUS REAL ESTATE, LLC

Principal Place of Business

118 HIBISCUS DRIVE
 PUNTA GORDA FL 33960

Mailing Address

118 HIBISCUS DRIVE
 PUNTA GORDA FL 33960

2. Principal Place of Business

CPB BERCU-3224 WHITE ECLIPSE
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 510485
 Suite, Apt. #, etc.

City & State

PUNTA GORDA FL

City & State

PUNTA GORDA FL

Zip

Country

CHARLOTTE

Zip

Country

CHARLOTTE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TAMBASCUS, ERNEST
 118 HIBISCUS DRIVE
 PUNTA GORDA FL 33960

7. Name and Address of New Registered Agent

Name: ERNEST TAMBASCO
 Street Address (P.O. Box Number is Not Acceptable): 2821 MARLIN PLACE
 City: PUNTA GORDA FL Zip Code: 33960

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)

4-11-02

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	TAMBASCO, ERNEST	118 HIBISCUS DRIVE	PUNTA GORDA FL 33960	<input type="checkbox"/>
MGR	BERCU, SCOTT	118 HIBISCUS DRIVE	PUNTA GORDA FL 33960	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MEMBER	ERNEST TAMBASCO	2821 MARLIN PLACE	PUNTA GORDA, FL 33960	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

4/11/02 941 628 2429

Date Daytime Phone

CR2E083 (9/01)