LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 OCT 27 AM 10: 25

VR 11/03

DOCUMENT # L02000006515

1. Entity Name: Shore to Shore Realty, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 235 Mango St.
Suite, Apt. #, etc.
City & State: Ft Myers Beach, FlA
Zip: 33931 Country: USA

3. Mailing Address: 235 Mango St.
Suite, Apt. #, etc.: Ft Myers Beach
City & State: Florida
Zip: 33931 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 30-0192108 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Rosanna Reilly
Street Address (P.O. Box Number is Not Acceptable): 235 Mango St.
City: Ft Myers Beach FL Zip Code: 33931

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: Rosanna Reilly DATE: 9/20/03
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00 Make Check Payable to Florida Department of State DUE BY MAY 1

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27/03--01069--002 **50.00

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	Rosanna Reilly
STREET ADDRESS	235 Mango St
CITY-ST-ZIP	Ft Myers Beach FlA 33931
TITLE	MGRM
NAME	Michael Reilly
STREET ADDRESS	235 Mango St
CITY-ST-ZIP	FtM Beach FlA 33931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: Rosanna Reilly Date: 10/20/03 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE