

FILED
Apr 23, 2003 8:00 am
Secretary of State

01-13-2003 90575 028 ****50.00
04-23-2003 90130 044 ****150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000012816
1. Entity Name 1KM Realty of Sarasota, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3765 BENEVA OAKS BLVD
Suite, Apt. #, etc. SARASOTA, FL
City & State FL
Zip 34238 Country USA

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3672587
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Kevin W. O'Neil
Street Address (P.O. Box Number is Not Acceptable) 3765 BENEVA OAKS BLVD
SARASOTA
City FL Zip Code 34238

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 _____ (NOTE: Registered Agent signature required when applicable) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE OPERATING MANAGER
NAME KEVIN W. O'NEIL
STREET ADDRESS 3765 BENEVA OAKS BLVD
CITY-ST-ZIP SARASOTA, FL 34238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE OPERATING MANAGER
NAME MARJORIE A. O'NEIL
STREET ADDRESS 3765 BENEVA OAKS BLVD
CITY-ST-ZIP SARASOTA, FL 34238

TITLE
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CITY-ST-ZIP

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowerments.

SIGNATURE: [Signature] 4/20/03 941-921-6748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #