

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**


01-22-2003 90126 001 \*\*\*150.00

1/22

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L02000024291**

1. Entity Name  
**REAL ESTATE LIMITED I LLC**



Principal Place of Business      Mailing Address  
**2604 YARMOUTH DRIVE**      **2604 YARMOUTH DRIVE**  
**WELLINGTON FL 33414**      **WELLINGTON FL 33414**  
**US**      **US**

**55006404**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **397-56-8863**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DERNLAN, GARY D**  
**2604 YARMOUTH DRIVE**  
**WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

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

City **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>DERNLAN, GARY D</b> <b>2604 YARMOUTH DRIVE</b> <b>WELLINGTON FL 33414</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED      Date **1/17/03**      Daytime Phone # **561-791-7494**

CR2E083 (10/02)