

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

FILED
May 21, 2003 8:00 am
Secretary of State

04-14-2003 90899 009 ****55.00

DOCUMENT # L02000032745

1. Entity Name

AMERICAN REALTY TEAM, LLC



DO NOT WRITE IN THIS SPACE

44002076

2. Principal Place of Business
220 Celestial Way

3. Mailing Address
220 Celestial Way

Suite, Apt. #, etc.
Unit 3

Suite, Apt. #, etc.
Unit 3

DO NOT WRITE IN THIS SPACE

City & State
Juno Beach, FL

City & State
Juno Beach, FL

4. FEI Number
02-0665704

Applied For
Not Applicable

Zip
33408-2359

Country
USA

Zip
33408-2359

Country
USA

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
White, John II

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

1645 Palm Beach Lakes Blvd.
Suite 1200

City
West Palm Beach

FL Zip Code
33401

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

John M. Curry II

05/14/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
John M. Curry, Managing Member
STREET ADDRESS
220 Celestial Way
CITY-ST-ZIP
Unit 3, Juno Beach, FL 33408

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

John M. Curry

John M. Curry

4/10/03

781 935

4200

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

Date

Daytime Phone #

CR2E083B (12/02)