


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

DOCUMENT # L02000033813

1. Entity Name
INVERRARY TRACT 3, L.L.C.



Principal Place of Business 4512 NORTH FLAGLER DRIVE, SUITE 201 WEST PALM BEACH, FL 33401	Mailing Address 4512 NORTH FLAGLER DRIVE, SUITE 201 WEST PALM BEACH, FL 33401
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2. Principal Place of Business 4512 N FLAGLER DR. Suite, Apt. #, etc. SUITE 201	3. Mailing Address P.O. Box 6848 Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33407	Zip 33405-6848
Country USA	Country

4. FEI Number 32-0047867	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

MAY, MARK R
 4512 NORTH FLAGLER DRIVE, SUITE 201
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
MAY, MARK R.
 Street Address (P.O. Box Number is Not Acceptable)
4512 N FLAGLER DR., STE. 201
 City
WEST PALM BEACH FL Zip Code
33407

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 *[Signature]* DATE 4/29/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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

9. MANAGING MEMBERS / MANAGERS	
TITLE MANAGING MEMBER <input type="checkbox"/> Delete	
NAME MARK R. MAY	
STREET ADDRESS 4512 N FLAGLER DR., STE 201	
CITY-ST-ZIP WEST PALM BEACH, FL 33407	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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 606, Florida Statutes.

SIGNATURE: *[Signature]* DATE 4/29/03 DAYTIME PHONE # 561-835-1790

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

CR2E083 (10/02)