

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90690 021 ****50.00

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

DOCUMENT # L00000001110

1. Entity Name
CERCIS REAL PROPERTY GROUP, LLC



30068228

Principal Place of Business
 322 EAST CENTRAL BOULEVARD
 APT. 1812
 ORLANDO, FL 32801 US

Mailing Address
 322 EAST CENTRAL BOULEVARD
 APT. 1812
 ORLANDO, FL 32801 US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1143 DELANEY AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
1143 DELANEY AVENUE
 Suite, Apt. #, etc.

City & State
ORLANDO, FL 32806

City & State
ORLANDO FL

Zip
32806 Country
USA

Zip
32806 Country
USA

4. FEI Number
59-3627840

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LOY-BOND, PATRICIA
322 EAST CENTRAL BOULEVARD
APT. 1812
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
SAME AS BEFORE - UNCHANGED

Street Address (P.O. Box Number is Not Acceptable)
1143 DELANEY AVENUE

City
ORLANDO FL Zip Code
32806

B. 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: **5/1/03**

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

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOY-BOND, PATRICIA MS. 322 EAST CENTRAL BOULEVARD, #1812 ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1143 DELANEY AVENUE ORLANDO, FL 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIDES, II, PETER J 11047 CLIPPER COURT WINDERMERE, FL 34786	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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]* DATE: **407 418-2402**

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

CR2E083 (1/02)