

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 0000000 3207

1. Entity Name  
Real Estate Acquisitions & Disposal LLC

FILED

01 APR 26 PM 5:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
20203 BACK NINE DR  
BOCA RATON, FL  
33498

Mailing Address  
P.O. Box 880506  
BOCA RATON  
FLORIDA 33498

2. Principal Place of Business  
20203 BACK NINE DR.

3. Mailing Address  
PO BOX 880506

Suite, Apt. #, etc.  
BOCA RATON

Suite, Apt. #, etc.  
BOCA RATON

City & State  
FLORIDA

City & State  
FLORIDA

Zip  
33498

Country  
Palm Beach

Zip  
33498

Country  
Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIAN G. CLANCY  
20203 BACK NINE DR.  
BOCA RATON, FL  
33498

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.

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

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
President	BRIAN G. CLANCY	20203 BACK NINE DR.	BOCA RATON FL 33498	<input type="checkbox"/>
Vice President	URSULA G. CLANCY	20203 BACK NINE DR	BOCA RATON FL 33498	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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: Brian G. Clancy Date: 4-23-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #: 561-859-7300

CR2E083 (1/1/00)