2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000003207

1. Entity Name

REAL ESTATE ACQUISITIONS & DISPOSALS L.L.C.

FILED Aug 18, 2003 8:00 am Secretary of State 08-18-2003 90109 038 ****55.00

Melling Address 800CA RATON FL 33498 2. Principal Place of Business SUBLE, Aprl. #, etc. Suite, Aprl. #, etc. City & State 2. Principal Place of Business Suble, Aprl. #, etc. Suite, Aprl. #, etc. City & State City & State City & State City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE DRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CLANCY, BRAN G 20203 BACK NINE BRY SUBME APRL #, etc. City & State CITY #, etc. C					1				
80CA RATION FL 33498 2. Principial Place of Business Suite, Aprl 4, etc. Chry & State Chry	Principal Plac	ce of Business	Mailing Address	•	7				
Suite, Apt. #, etc. CHPCK HERE IF MAKING CHANGES Cay & State City & State City & State A. FEI Number 65-0992109 Applied For National Fee Required Zep Country Zip Country S. Certificate of Status beaving St.00 Auditional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Text	20203 BACK NINE DRIVE				1 FANCES FILE FANCES	.	06188 } 8 21811 30		
City & State City & Country	2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address					
Zep Country Zip Country S. Certificate of Status Desired September 59. Required 4 pent	Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent CLANCY, BRIAN G 20203 BACK NINE DRIVE Street Address (P.O. Box Number is Not Acceptable) Street Address of Pool Number is Not Acceptable) Street Address of Pool Number is Not Acceptable) Street Address of Pool Number is Not Ac	City & State		City & State	City & State		00 0002 100			
CLANCY, BRIAN G 20203 BACK NINE DRIVE	Zip	Country	Zip	Country	5. Certificate of State	us Desired	\$5.00 Add	ditional	
CLANCY, BRANG Delete Make Delete Make Delete Make Delete Make Delete Make Make	6. Name and Address of Current		t Registered Agent	gistered Agent		7. Name and Address of New Registered Agent			
City FL Zip Code	2020 - COT	03 BACK NINE DRIVE TAL-CADLES FL 33498			s (P.O. Box Number is Not	Acceptable)			
SIGNATURE Signature Signa	,500	CH KANDY		City		F	Zip Cod	e	
Symbury hybrid or printed rater of registered appers and year payable to Florida Department of State Pure By SD.00 Make Check Payable to Florida Department of State Pure By SD.00 STEER ADDRESS STREET AD			for the purpose of changing its	registered office or regist	tered agent, or both, in the	State of Florida. I a	am familiar with,	and accept	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Addition MGR CLANCY, BRIAN G Delete TITLE MGR CLANCY, URSULA G CONV-ST-ZIP BOCA RATON FL 33498 CONV-ST-ZIP	SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	E: Registered Agent signature requi	red when reinstating)	DAT	·E		
TITLE NAME CLANCY, BRIAN G 20203 BACK NINE DRIVE BOCA RATON FL 33498 TITLE NAME CLANCY, URSULA G 20203 BACK NINE DRIVE BOCA RATON FL 33498 TITLE NAME CLANCY, URSULA G 20203 BACK NINE DRIVE BOCA RATON FL 33498 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 STREET ADDRE			Make Check Payabi	e to Florida Departm	ent of State				
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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: OR AUTHORIZED REPRESENTATIVE