


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

FILED

03 JAN 30 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005505  
1. Entity Name  
RealCom, LLC



**DO NOT WRITE IN THIS SPACE**

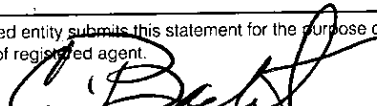
2. Principal Place of Business 1800 South Ocean Blvd.		3. Mailing Address 1800 South Ocean Blvd.	
Suite, Apt. #, etc. Suite 410		Suite, Apt. #, etc. Suite 410	
City & State Lauderdale By The Sea, FL		City & State Lauderdale By The Sea, FL	
Zip 33062	Country USA	Zip 33062	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number		<input checked="" type="checkbox"/> Applied For
		<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name NRAI Services, Inc.		
Street Address (P.O. Box Number is Not Acceptable)		
526 E. Park Avenue		
City Tallahassee	FL	Zip Code 32301

**DO NOT WRITE  
IN THIS SPACE**

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  Charles Baclet, Vice President 01/28 /2003  
DATE

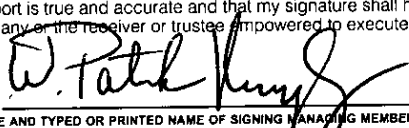
FEE IS \$50.00  
Make Check Payable to Florida Department of State  
DUE BY MAY 1

200011785838  
02/04/03--01059--017 \*\*50.00

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Group Manager W. Patrick Murphy 1800 South Ocean Boulevard, #410 Lauderdale by the Sea, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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:  W. Patrick Murphy 01/27 /03 (954)304-3707  
DATE Daytime Phone #