


**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

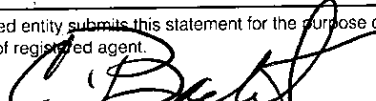
2. Principal Place of Business 1800 South Ocean Blvd.		3. Mailing Address 1800 South Ocean Blvd.	
Suite, Apt. #, etc. Suite 410		Suite, Apt. #, etc. Suite 410	
City & State Lauderdale By The Sea, FL		City & State Lauderdale By The Sea, FL	
Zip 33062	Country USA	Zip 33062	Country USA

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		

DO NOT WRITE IN THIS SPACE	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

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.

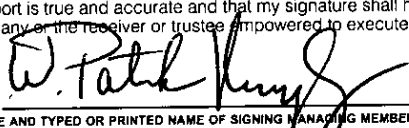
SIGNATURE  **Charles Baclet, Vice President** 01/28 /2003
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00
 Make Check Payable to Florida Department of State **FL00011785838**
DUE BY MAY 1 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #