2001	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)

			· - <u>-</u>					
DOCUMENT # L0000008282  1. Entity Name  ALLSTATE REALTY PARTNERS, LLC					FILED		,	
				01 AP	01 APR 30 AM 11: 14			
Principal Place of 2601 BISCAYNE	E BLVD.	Mailing Address 2601 BISCAYNE BLVD.		SECRE TALLA	TARY OF STAT Hassee, Flori	E DA		
MIAMI FL 33137	(	MIAMI FL 33137				   <b>     </b>		
2. Principal Plac	ice of Business	3. Mailing Address						
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.		.	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	01	<del></del>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Stat		\$5.00 Add		
	6. Name and Address of Co	urrent Registered Agent		7. Name and Addre	ss of New Registered	Agent		
	TERED AGENT CORPORAT	•	- Name Street	Kevin Rickard ddress (P.O. Box Number is No				
260 <u>1 So</u> ut Mi <del>ami Fl</del> -3	ih- <del>Bayshore-Drive, Sui</del> 13133	₩-1600	7	2 SE 6th Ave	·			
			City	elray Beach	FL	Zip Cod - 3348	e_	
	amad antity submits this states	ment for the nurnose of changing its		saru, beach	·	-   3340	· J	
3. The above na	amed entity submits this statem	nontrol the purpose of ortaliging to	registered office	registered agent, or both, in th				
SIGNATURE								
SIGNATURE	ignature, typed or printed name of registere			registered agent, or both, in th	DATE			
SIGNATURE		ad agent and title if applicable. (NOTI	Registered Agent sign	ure required when reinstating)	DATE	)51Q.		
SIGNATURE		ad agent and title if applicable. (NOTI	Registered Agent sign	are required when reinstating)	DATE	1519· 01103(	6 011	
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SIGNATURE Signature	ignature, typed or printed name of registere  MANAGING N	ed agent and title if applicable. (NOTI  FILE NO  Make Check Pa  MEMBERS/MEMBERS  Delete	Registered Agent sign  W!!! FEE IS  able to Depar	ure required when reinstating)  550.00  ment of State	DATE  1004220  -05/16/010  ******50.00	01103( ******	011	
SIGNATURE Signature  9.  IITLE IAME	ignature, typed or printed name of registere	ed agent and title if applicable. (NOTI  FILE NO  Make Check Pa  MEMBERS/MEMBERS  Delete	Registered Agent sign  W!!! FEE IS  able to Deparement  10.  TITLE  NAME	ure required when reinstating)  550.00  ment of State	DATE  1004220  -05/16/010  ******50.00	01103( ******	011 50.00	
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