2001 ONN DOOMESO HER ON (ODN)						•				9083
DOCUMENT # L0000009321						ددی	a n			α.
1. Entity Name PROBUYER'S REALTY, LLC					FILED					₽
	·			·		OI FEB	22	PH 4: 1	49	
Principal Place of Business Mailing Address						SECRET	ÁRY	oc eti	er e	
9951 ATLANTIC BLVD., SUITE 220 9951 ATLANTIC BLVD., SUITE JACKSONVILLE FL 32225 JACKSONVILLE FL 32225				SECRETARY OF STALLAHASSEE, FL			FLOR	U E NO A		
}										
2. Principal I	Place of Business		·	4						
· · · · · · · · · · · · · · · · · · ·		3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc					DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number Applied For S7-3663275 Not Applicable					
Zip	Country	Zip Coun		try	5. Certi	ficate of Status Desired	□ §	55.00 Add	ditional	1
	-o. Name and Address of Current F	legistered Agent			7. Nam	e and Address of New Regis				1
NEDD 1	Name									
NEDD, JEFFREY G 1141 KINGS ROAD NEPTUNE BEACH FL 32266				Street Address (P.O. Box Number is Not Acceptable)]
										1
				City			FL	Zip Cod	е	1
8. The above	s registere	d office or registe	red agent,	or both, in the State of Florida	,	<u> </u>		7		
SIGNATURE	Signature, typed or printed name of registered agent an	I Agent signature require	d when reinstat	ing)	DATE			_		
٠.	IOW!!! I	EE IS \$50.00								
•	ayable to	Department of	of State							
9	MANAGING MEMBE		10.			ADDITIONS/CHA	NGES			_
TITLE NAME	OWNER - PRESIDENT - BIR JEFFREY & NEDD	ECTOR Delete	TITLE NAMI					Change	Addition	1,00
STREET ADDRESS	S 1141 KINS RD			ET ADDRESS						8
CITY-ST-ZIP	NEI TONE BEHEATE JA			ST-ZIP			·	[] Chappe	□ Add#ion	RZE083 (11/00)
TITLE NAME		☐ Delete	NAMI			5000037 -02/26/0	681 10	₽4₽5. U50		٥
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP		****50	.00	非非非非非	50.00	
TITLE		□ Delete	TITLE				·- <u>-</u>	☐ Change	☐ Addition	┧.
NAME (. -		NAME			<u>-</u> .	-			
STREET ADDRESS CITY-ST-ZIP				ST-ZIP		•	/			
TITLE		☐ Delete	TITLE			. /		Change	Addition	1
NAME STREET ADDRESS			NAMI STREI	T ADDRESS		Λ				
CITY-ST-ZIP		···	CITY-	ST-ZIP		- / ·]
TITLE NAME		☐ Delete	TITLE NAME	l			۱ ا	Change	☐ Addition	
STREET ADDRESS			STRE	T ADDRESS						
CITY-ST-ZIP	<u> </u>	Delete	CITY-	ST-ZIP				Change	☐ Addition	╣
NAME :		L. Detete	NAME	i			'		Addition	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
	Lertify that the information supplied with t	his filing does not qualify fo			ection 119.0	07(3)(i), Florida Statutes. I furti	ner certif	y that the in	nformation	1
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 mastee empowered to execute this report as required by Chapter 608, Florida Statutes.										
CICNATURE. SAMUEL SAMUEL 2-1-01 (904) 721-3003										
SIGNATURE: 2-1-01 904/721-3003 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #										