UNIFORM BUSINESS REPORT (UBR)

Realty Trust I of Florida, LLC DO NOT WRITE IN THIS SPACE 2. Personal rises of gravities and gravities of g	DOCUMENT # L 00000010963 1. Entity Name				ED
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To 334 82 Country 3 34 83 Country 5. Outflicate of Status Desired Agent No. 1 Name and Address of Current Registered Agent Status S	City & State	City & State	-	4. FEI Number 587 - 57	2
DO NOT WRITE IN THIS SPACE 10 Note Address (P.O. Box Number is Not Acceptable) 3900 N. Ocean Blvd., Suite 1B Cor Gulfstream (P.O. Box Number is Not Acceptable) 3900 N. Ocean Blvd., Suite 1B Cor Gulfstream (P.O. Box Number is Not Acceptable) 10 Note and only submits this quitered for the profises of changing its registered office or registered agent, or both, in the Siste of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Florida. Department of State 10 NANAGER 10 NAN		Zip Cou			\$5.00 Additional
SIGNATURE	DO NOT W IN THIS SI	/RITE PACE	Name Rober Street Address (P 3900 City Gulfs	At J. Sweene O. Box Number is Not Acceptable N. Ocean Blrd., TREAM.	Suite 1B FL Zip Code 33483
9. MANAGER TILL SWEER OLY, SR., Robert, J. SIERTADRESS CITY-ST-2P CHARLOTTE, NC 28211 TILE NAME SIRETADRESS CITY-ST-2P TILE NAME SIR	the obligations of registered agent. SIGNATURE	and (the applicable FEE IS Make Check Payable to F	S \$50.00 lorida Departmen	6ER /2 -	23-03
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. 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: **PAGE STREET ADDRESS STREE	NAME STREET ADDRESS	- ŅAI - STE	IEET ADDRESS	整理 经额价 医抗肠 化氯基酚 医维尔氏菌 医二十二十二	a and the second of the second
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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: NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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:	NAME STREET ADDRESS	NAP STR	AE EET ADDRESS	IN THIS:	SPACE
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