## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0000013165							·				4354
1. Entity Name FIRST REAL ESTATE, LLC						FILE.D					Ā
			1				01 FEB 27 F	w 8:32			
Principal Place of Business Mailing Address							• •				
110 OAK RIDGE PLACE PANAMA CITY BEACH FL 32408  110 OAK RIDGE PLACE PANAMA CITY BEACH FL 32408				22400			SECRETARY OF TALLAHASSEE,	- STATE ELORIDA			
PANAMA CITY BEACH FL 32408  PANAMA CITY BEACH FL 32408										11181 <b>6</b> 111 1 <b>59</b> 1	
Principal Place of Business     3. Mailing Address						_					
2. Findipar Place of Business											
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE						
City & State City & State										plied For	]
Zip Country Zip					try		ificate of Status Desired	\$5.0	00 Add	t Applicable	<del> </del> -
6. Name and Address of Current Registered Agent					<del>r</del>		e and Address of New Reg	Fee	Required		-
	S. Hallie dilg Address of Odiff	int Hegist	Agent		Name	7, 14011	e and Address of New Hog	stered Agen	•		1
BURKE, TODD M ESQ.					Street Address (P.O. Box Number is Not Acceptable)						
BURKE & BLUE, P.A.  221 MCKENZIE AVENUE											1
PANAMA CITY FL 32401					City			FL Z	ip Code	3	1
8. The above named entity submits this statement for the purpose of changing its register					ed office or regis	tered agent	or both, in the State of Florid				
	,										
SIGNATURE .	Signature, typed or printed name of registered ac	ent and title if a	applicable ( (NOTE	: Registere	d Agent signature requ	red when reinstat	ing)	DATE		·	
FILE NOW					FEE IS \$50.0	0	9000038 -03/06/	1020	99	E	
			Make Check Pay	yable t	o Department	of State	※本本本本2	0.00 *	李孝孝孝	50.00	
9.	MANAGING MEI	MBERS/ME	I EMBERS	10.			ADDITIONS/CH	ANGES			
TITLE NAME	MGR PHILLIPS, JANICE		☐ Delete	TITLI NAM					Change	☐ Addition	R2E083 (11/00)
STREET ADDRESS	ADDRESS 110 OAK RIDGE PLACE									•	83
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408				-ST-ZIP				Change	☐ Addition	RZEC
NAME			L. J. Delete	TETLE NAM	·			U (	ananye	Addition	\ <u>\</u> 2
STREET ADDRESS CITY-ST-ZIP			٠,,		ET ADDRESS -ST-ZIP		_				
TITLE	<u> </u>		☐ Delete	TITL	<del></del> -				Change	Addition	
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CITY-ST-ZIP					-ST-ZIP						
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TITLE NAME			L.i Delete	NAM.	1				-ildilige	□ Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
TITLE			☐ Delete	TITL	<del></del>				Change	Addition	1
NAME STREET ADDRESS				NAM STRE	E Et address						
CITY-ST-ZIP			·		-ST-ZIP						
indicated	certify that the information supplied on this report is true and accurate a	ınd that my	signature shall have t	he same	e legal effect as i	f made unde	roath; that I am a managing	rther certify the	at the in	formation r of the	
limited lia	bility company or the receiver or true	stee empov	wered to execute this r	eport as	required by Cha	apter 608, Flo	orida Statutes.		-		
SIGNAT	URE:	可契	E XELLIV	D'			1-15-20	20/			
SIGITAL	SIGNATURE AND TYPED OR PRINTED NAM	E OF SIGNING	MANAGING MEMBER, LAN	AGER/OR	AUTHORIZED REPRE	SENTATIVE	Date	Daytime	Phone #		