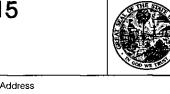
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000014515

1. Entity Name

SIGNATURE:

ᅦ	JGHES	FAMILY	REAL	ESTATE,	LLC



FILED Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90016 036 ****50.00

Principal Place of Business Mailing Addrt 5009 SW OAKWOOD AVE 5009 SW OAK ARCADIA FL 34266 ARCADIA FL 3								KORT DIN DONAN DONA BORRE D	ATIH A rihi adir i ila	FI 61881 6 71 6 1 41	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Nun	nber 26-5822 4	185		oplied For		
Zip	. Country Zip		Cour	Country		5. Certifica	ate of Status Desired		5.00 Add	ditional	
	6. Name	and Address of Current		7. Name and Address of New Registered Agent							
HUGHES, GEORGE W				Name Street Ad		.O. Box Num	=nber is Not Acceptab	ole)			
7410	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		City				FL	Zip Cod	e
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.										and accept	
SIGNATURE _			<u>.</u>				<u> </u>		DATE		<u>-</u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003											
9.		MANAGING MEMBE	RS/MANAGERS	10.				ADDITION	S/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5009 SW	GEORGE W OAKWOOD AVE. FL 34266	☐ Delete							☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5009 SW	SUZANNE N OAKWOOD AVE FL 34266	☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		سيد والمعاد - ١٠٠٥ من المعاد ا	☐ Delete						man i kirk y m	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				٠,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Delete						,	☐ Change	Addition
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.											