

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014639

1. Entity Name
SUN STATE INTERNATIONAL REAL ESTATE, LLC

Principal Place of Business
6020 ADAMO DR
TAMPA FL 33619

Mailing Address
6020 ADAMO DR
TAMPA FL 33619

FILED

SEP -4 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

4. FEI Number
59-3693112

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORTON, OSCAR J
6020 ADAMO DR
TAMPA FL 33619

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

500004598125--0
-09/19/01--01024--031
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: PRESIDENT
NAME: OSCAR J. HORTON
STREET ADDRESS: 6020 ADAMO DR
CITY-ST-ZIP: TAMPA, FL 33619

TITLE: [] Delete
NAME: [] Change [] Addition
STREET ADDRESS: []
CITY-ST-ZIP: []

TITLE: SECRETARY-TREASURER
NAME: KATHY J. HOCKEMEYER
STREET ADDRESS: 6020 ADAMO DR.
CITY-ST-ZIP: TAMPA, FL 33619

TITLE: [] Change [] Addition
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

TITLE: [] Delete
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

TITLE: [] Change [] Addition
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

TITLE: [] Delete
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CITY-ST-ZIP: []

TITLE: [] Change [] Addition
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

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.

SIGNATURE: *[Signature]* REQUIRED

8-29-01 (813)621-1331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)

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