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**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90203 045 \*\*\*\*50.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

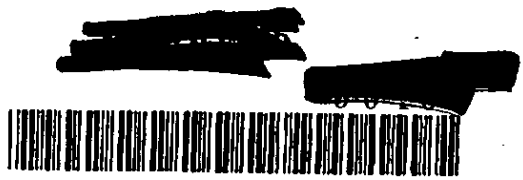
**DOCUMENT # L00000015565**  
Entity Name  
**GLEASON AND BLACKBURN REAL ESTATE, L.L.C.**

Principal Place of Business  
**14575 DRAFT HORSE LANE  
WELLINGTON FL 33414**

Mailing Address  
**14575 DRAFT HORSE LANE  
WELLINGTON FL 33414**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



65-1115398

DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**PUMPHREY, GERALD R  
11000 PROSPERITY FARMS ROAD, SUITE 300  
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent  
Name **ALAN GLEASON**  
Street Address (P.O. Box Number is Not Acceptable)  
**14575 DRAFT HORSE LN**  
City **WELLINGTON** FL Zip Code **33414**

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 **ALAN V GLEASON** *Alan Gleason* **4/29/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GLEASON, ALAN 14575 DRAFT HORSE LANE WELLINGTON FL 33414</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BLACKBURN, KENNETH 14575 DRAFT HORSE LANE WELLINGTON FL 33414</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Alan Gleason* **4/29/02** **561-832-5753**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)