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FILED
Apr 09, 2002 8:00 am
Secretary of State
01-21-2002 90065 023 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001070

1. Entity Name
RMA REAL ESTATE PROPERTIES, LLC.

Principal Place of Business	Mailing Address
4881 NORTHWEST 8TH AVENUE, SUITE 2 GAINESVILLE FL 32606	4881 NORTHWEST 8TH AVENUE, SUITE 2 GAINESVILLE FL 32606

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3690455 ☐ Applied For ☐ Not Applicable

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
KRUEGER, SCOTT DAVID 2790 NORTHWEST 43RD STREET, SUITE 200 GAINESVILLE FL 32606	Name: Oscar B. DePaz Street Address (P.O. Box Number is Not Acceptable): 4881 NW 8th Ave Suite 2 City: Gainesville, FL FL Zip Code: 32605

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]   1/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: managing partner NAME: Oscar B. DePaz STREET ADDRESS: 4881 NW 8th Ave, Suite 2 CITY-ST-ZIP: Gainesville, FL 32605	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: partner NAME: Jesse Brannen STREET ADDRESS: 4881 NW 8th Ave, Suite 2 CITY-ST-ZIP: Gainesville, FL 32605	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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 RECORDED   1/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #