

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90687 010 ****55.00

DOCUMENT # L01000009629

1. Entity Name



TOTAL REAL ESTATE DEVELOPMENT, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10429 Lake Louisa Road PO Box 120550

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clermont FL

City & State

Clermont FL

4. FEI Number

59-3725913

Applied For

Not Applicable

Zip

Country

34711

USA

Zip

Country

34712

USA-

5. Certificate of Status Desired

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\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jakob, Kevin E Jr.

Street Address (P.O. Box Number is Not Acceptable)

10429 Lake Louisa Road

City

Clermont

FL

Zip Code

34711

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Jakob, Kevin E
10429 Lake Louisa Road
Clermont FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Agard-Ryan, Linda
17312 Summer Sun Ct.
Clermont FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

352-394-4237

CR2E083B (12/02)