2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009872

1. Entity Name

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FILED Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90019 019 ****55.00

rever r	EALTY DEVELOPMENT, LLC				
Principal Place of Business 1510 COMMERCIAL PARK DR SUITE 3 LAKELAND FL 33801		Mailing Address 1510 COMMERCIAL PARK DR SUITE 3 LAKELAND FL 33801			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt: #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3725645 Applied For Not Applicable	
Zip	Country	Zip	Country	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	
1510 SUN	VER, THEODORE-R. E. 0 COMMERCIAL PARK DR TE 3 TE 3 TELAND FL 33801	should Read.		ss (P.O. Box Number is Not Acceptable) FL Zip Code	
8. The above the obligation	named entity submits this statement for ions of registered agent	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am famillar with, and accept	
SIGNATURE .	Med . /	and title if applicable. (NOTE	: Registered Agent signature requ	uired when reinstating) DATE	
9.	MANAGING MEMBE	Make Check Payabi Due	OW!!! FEE IS \$50.00 e to Florida Departm By May 1, 2003	nent of State ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REVER, THEODORE E 1510 COMMERCIAL PARK DR, LAKELAND FL 33801	☐ 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	
TITLE , NAME STREET ADDRESS CITY-ST-ZIP		☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	معد السيد الأرب فيها الدالية	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby co	ertify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Section 119.07(3)(i), Florida Statutes. I further certify that the information	

all have the same legal effect as if made under oath; that I am a managing member or manager of the ute this report as required by Chapter 608, Florida Statutes. limited liability company or the receiver

SIGNATURE:

Daytime Phone #