

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

FILED
Sep 15, 2002 8:00 am
Secretary of State

DOCUMENT # L010000 10674

09-15-2002 90091 019 ****50.00

1. Entity Name

AFFLUENCE REALTY, LLC

DO NOT WRITE IN THIS SPACE

980724

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 500 NORTH OSCEOLA AVENUE Suite, Apt. #, etc. #208 City & State CLEARWATER, FLORIDA Zip 33755 Country USAUSA		3. Mailing Address 500 NORTH OSCEOLA AVENUE Suite, Apt. #, etc. #208 City & State CLEARWATER, FLORIDA Zip 33755 Country		4. FEI Number 59-3598777 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CIANFRONE, JOSEPH R. ESQ.
Street Address (P.O. Box Number is Not Acceptable) 1968 BAYSHORE BOULEVARD City DUNEDIN FL Zip Code 34698

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

Joseph R. Cianfrone Esq.

8/29/02
DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 25 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISCHLER, IDO 500 NORTH OSCEOLA AVENUE, #208 CLEARWATER FL 33755	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REICHEL, BERNARD K JR. 500 NORTH OSCEOLA AVENUE, #208 CLEARWATER FL 33755	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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

9/13/02

Date

727
4475579

Daytime Phone #

CR2E083B (12/01)