

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2002 8:00 am
Secretary of State

05-30-2002 91595 046 ***450.00

DOCUMENT # L01000010774

1. Entity Name

North Florida Real Estate Investment LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

316 Williams St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3459

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee, FL

Zip

Country

32303 USA

Zip

Country

32315-3459 USA

4. FEI Number

59-3733314

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent.

Name

William C Green

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

2954 Foxcroft Drive

City

Tallahassee

FL

Zip Code

32309

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

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

William Green

5-18-02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

Managing member

STREET ADDRESS

William Green

CITY-ST-ZIP

2954 Foxcroft Drive
Tallahassee FL 32309

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

Managing member

STREET ADDRESS

Richard W. Davis, III

CITY-ST-ZIP

316 Williams Street
Tallahassee, FL 32303

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**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: *William C Green*

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

5/28/02 850 562-7075

Date

Daytime Phone #