LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT -9 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000015052

1. Entity Name

PROPERTY ASSET MANAGEMENT LLC

DO NOT WRITE IN THIS SPACE

300008312373--4
-10/10/02--01080--005
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
300 PRIMERA BLVD	300 PRIMERA BLVD
Suite, Apt. #, etc. #350	Suite, Apt. #, etc. #350
City & State LAKE MARY, FL	City & State LAKE MARY, FL
Zip 32746 Country U.S.A.	Zip 32746 Country U.S.A.

4. FEI Number 593740572 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name PATRICK M. BURNS

Street Address (P.O. Box Number is Not Acceptable) 1516 EAST HILLCREST ST. #307

City ORLANDO, FL **FL** Zip Code 32803

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 Patrick M. Burns. 10/8/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	PRESIDENT.
NAME	STEVEN. D. IRA
STREET ADDRESS	300 PRIMERA BLVD #350
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	EXECUTIVE-VP
NAME	STEPHANIE IRA.
STREET ADDRESS	300 PRIMERA BLVD #350
CITY-ST-ZIP	LAKE MARY FL 32746.
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NAME	
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CR2E083B (12/01)

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: 10/8/02 (407)995-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #