4/

4/8

FILED
Jul 31, 2002 8:00 am
Secretary of State
04-08-2002 90208 009 ****55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016278

1. Entity Name

REALTY INVEST ADVISE, LLC

Principal Place of Business	Mailing Address
P.O. BOX 821 PALM BEACH FL 33480	P.O. BOX 821 PALM BEACH FL 33480

[redacted] 98004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PALM BEACH	
Suite, Apt. #, etc.: P.O.BOX 821	Suite, Apt. #, etc.: SAME
City & State: PALM BEACH FL.	City & State
Zip: 33480 Country	Zip Country

4. FEI Number: 65-0845134 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SISSON, LARRY
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name: EDDO BULT
Street Address (P.O. Box Number is Not Acceptable): 100 SUNRISE AVE (POB 821)
City: PALM BEACH FL Zip Code: 33480

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: Eddo A Bult
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: March 28, 2002

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER EDDO BULT 100 SUNRISE AVE PALM BEACH FL. 33480	☐ 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		☐ 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

CR2E083 (9/01)

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: Eddo A Bult
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 28/3/2002

Daytime Phone #: 561 833 1095

EDDO BULT, MANAGING MEMBER