## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 14, 2002 8:00 am <sup>5</sup> Secretary of State DOCUMENT # L01000018043 1. Entity Name 03-14-2002 90392 001 \*\*\*\*10.00 RAHÉEL REALTY, L.L.C. 03-14-2002 90392 002 \*\*\*100.00 Principal Place of Business Mailing Address 175 E. MERRITT ISLAND CAUSEWAY 22900 VENTURA BOULEVARD MERRITT ISLAND FL 32952 SUITE 240 WOODLAND HILLS CA 91364 2. Principal Place of Business 3. Mailing Address above Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 94-3411208 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARRIS, CHARLES E ESQ. Street Address (P.O. Box Number is Not Acceptable) MOSS, HENDERSON ET AL. 817 BEACHLAND BOULEVARD VERO BEACH FL 32963 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. CR2E083 (9/01) MGRM TITLE ☐ Delete ☐ Change ☐ Addition RAHEEL, SYED M NAME STREET ADDRESS STREET ADDRESS 22819 CRESPI STREET CITY-ST-ZIP CITY-ST-ZIP **WOODLAND HILLS CA 91364** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP--☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P ☐ Delete TITLE ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 accordate 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

1818-224-2291

Daytime Phone #