LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

AMENDED

APPROVED AND FILED

02 APR 25 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000018060

1. Entity Name

ROYAL EDEN LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1300 NW 17th Ave
Suite, Apt. #, etc.
Suite 255
City & State
Delray Beach, Fl
Zip
33445
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4893231
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
Steve Gravett
Street Address (P.O. Box Number is Not Acceptable)
~~1300 NW 17th Ave, Suite 255~~
City Delray Beach FL Zip Code 33445

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. DATE

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

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-05/02/02--01039--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Realty Acquisitions, LLC 1300 NW 17th Ave, S-255 Delray Beach, Fl 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member G & G LLC 1627 Brickell Ave., Apt 1105 Miami, Florida 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date