2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018141

1. Entity Name

REAL ESTATE SOLUTIONS LLC

Principal Place of Business	Mailing Address
17061 EMILE STREET NUMBER 8 BOCA RATON FL 33487	17061 EMILE STREET NUMBER 8 BOCA RATON FL 33487

2. Principal Place of Business
5030 CHAMPION BLVD.
Suite, Apt. #, etc.
G-6 #442
City & State
BOCA RATON, FL.
Zip 33496   Country USA

3. Mailing Address
5030 CHAMPION BLVD.
Suite, Apt. #, etc.
G-6 #442
City & State
BOCA RATON, FL.
Zip 33496   Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1145885

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9.	MANAGING MEMBERS / MANAGERS		10.		ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**MGRM** **VAN DYKE, JAMES E** **17061 EMILE STREET** **BOCA RATON FL 33487**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E083 (4/02)

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 REQUIRED_____   7/21/02   (561)756-3107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #