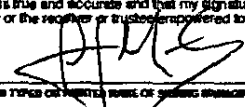


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90191 020 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

30064031

DOCUMENT # L02000005774		
1. Entity Name SKRAM REALTY, LLC		
Principal Place of Business 848 WEST OSCEOLA ST. CLERMONT, FL 34711		Mailing Address 848 WEST OSCEOLA ST. CLERMONT, FL 34711
2. Principal Place of Business 848 W OSCEOLA ST Suite, Apt. #, etc.		3. Mailing Address 848 W OSCEOLA ST Suite, Apt. #, etc.
City & State CLERMONT FL		City & State CLERMONT FL
Zip 34711	Country US	Zip 34711
4. FBI Number 61-141-6378		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MARKS, PETER 848 WEST OSCEOLA ST. CLERMONT, FL 34711		7. Name and Address of New Registered Agent 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). (MORE Registered Agents' signature required when indicated)		
		
9. MANAGING MEMBERS / MANAGERS		
ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
PRES PETER MARKS 848 W OSCEOLA ST CLERMONT FL 34711		
Delete ☐ Change ☐ Addition ☐		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete ☐ Change ☐ Addition ☐		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete ☐ Change ☐ Addition ☐		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete ☐ Change ☐ Addition ☐		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete ☐ Change ☐ Addition ☐		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete ☐ Change ☐ Addition ☐		
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 register or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.		
SIGNATURE:  4/27/03 407-719-9764		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, REGISTER, OR AUTHORIZED REPRESENTATIVE		