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Apr 30, 2003 8:00 am
Secretary of State

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

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005774

1. Entity Name
SKRAM REALTY, LLC

Principal Place of Business	Mailing Address
848 WEST OSCEOLA ST. CLERMONT, FL 34711	848 WEST OSCEOLA ST. CLERMONT, FL 34711

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
848 W OSCEOLA ST		848 W OSCEOLA ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CLERMONT FL		City & State: CLERMONT FL	
Zip: 34711	Country: US	Zip: 34711	Country: US

4. FEI Number: 61-1416378 ☐ 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 ______________________ DATE

FEE IS $50.00. Make Check Payable to Florida Department of State. Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: PRES NAME: PETER MARKS STREET ADDRESS: 848 W OSCEOLA ST CITY-ST-ZIP: CLERMONT FL 34711	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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] 4/27/03 407-719-9764

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