LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State
05-13-2003 90015 048 ****50.00

DOCUMENT # L02000008171

1. Entity Name
REAL PROPERTIES, LLC

. 10104503

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6350 Presidential Court	6350 Presidential Court
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33919 Country: US	Zip: 33919 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0658292 ☐ 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: KAREN REED

Street Address (P.O. Box Number is Not Acceptable): 6350 Presidential Court, Suite 200

City: Fort Myers FL Zip Code: 33919

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
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $550.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	TITLE	
NAME	Alea, Oscar A.	NAME	
STREET ADDRESS	15216 Bahia Court	STREET ADDRESS	
CITY-ST-ZIP	Fort Myers, FL 33908	CITY-ST-ZIP	
TITLE	MGR	TITLE	
NAME	Alea, Myrian M.	NAME	
STREET ADDRESS	15216 Bahia Court	STREET ADDRESS	
CITY-ST-ZIP	Fort Myers, FL 33908	CITY-ST-ZIP	
TITLE	MGR	TITLE	
NAME	Reed, Carl M.	NAME	
STREET ADDRESS	2118 Sunrise Boulevard	STREET ADDRESS	
CITY-ST-ZIP	Fort Myers, FL 33907	CITY-ST-ZIP	DO NOT WRITE
TITLE	MGR	TITLE	
NAME	Reed, Karen B.	NAME	IN THIS SPACE
STREET ADDRESS	2118 Sunrise Boulevard	STREET ADDRESS	
CITY-ST-ZIP	Fort Myers, FL 33907	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/02)

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: _____ Karen Reed, Manager 5/1/03 (239) 437-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #