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## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## Jan 27, 2003 8:00 am Secretary of State DOCUMENT # L02000008719 01-27-2003 90081 012 \*\*\*\*50.00 FLORIDA REAL ESTATE CONSULTANTS, LLC Principal Place of Business Mailing Address COMPLEA 230 NORTHEAST 25TH AVENUE 230 NORTHEAST 25TH AVENUE OCALA FL 34470 OCALA FL 34470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 63-0428 36 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6.\_Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEAN, JONATHAN S Street Address (P.O. Box Number is Not Acceptable) 230 NORTHEAST 25TH AVENUE OCALA FL 34470 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Addition ☐ Delete TITLE ☐ Change DEAN, JONATHAN S NAME NAME STREET ADDRESS 230 NORTHEAST 25TH AVENUE STREET ADDRESS CITY-ST-ZIP OCALA FL 34470 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ---TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 amplivered to execute this report as required by Chapter 608, Florida Statutes.

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Jonathan S. Dean 1-23-03