Amended UBR

FILED

03 OCT -1 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011147

1. Entity Name
1ST HERITAGE REALTY LLC

Principal Place of Business	Mailing Address
21234 MARINER PLAZA LUTZ, FL 33549	21234 MARINER PLAZA LUTZ, FL 33549

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number 75-3054873 — 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
LINIHAN, ANDY 12710 CEDAR RIDGE DR. HUDSON, FL 34669	Name Catherine D. Brown Street Address (P.O. Box Number Is Not Acceptable) 8838 Bel-Meadow Way City Trinity FL Zip Code 34655

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 Catherine D Brown 8/27/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

700022827737
09/08/03--01083--006 **50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME LINIHAN, ANDY STREET ADDRESS 12710 CEDAR RIDGE DR CITY-ST-ZIP HUDSON, FL 34669	[X] Delete (Delete)	TITLE MGRM NAME Catherine D. Brown STREET ADDRESS 8838 Bel-Meadow Way CITY-ST-ZIP Trinity, FL 34655	☐ Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME Karen M. Fitch STREET ADDRESS 6906 Pin Cherry Lane CITY-ST-ZIP Port Richey, FL 34668	☐ Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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

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: X Catherine D Brown 8/27/03 (813)949-5335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

x Karen M. Fitch Date 8/27/2003
Karen M. Fitch