2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91159 029 ****55.00

DOCUMENT # L02000012748

1. Entity Name
REAL ESTATE AUDIT PROFESSIONALS, LLC

Principal Place of Business	Mailing Address
6053 OLD COURT ROAD #303 BOCA RATON, FL 33433	6053 OLD COURT ROAD #303 BOCA RATON, FL 33433

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 970248 Suite, Apt. #, etc.
City & State	City & State COCONUT CREEK, FL
Zip / Country	Zip 33097 / Country BROWARD

4. FEI Number 71-0937439 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MOLONON, MICHAEL R
4003 COCOPLUM CIRCLE
COCONUT CREEK, FL 33063

7. Name and Address of New Registered Agent

Name: MICHAEL R. MOLONON
Street Address (P.O. Box Number is Not Acceptable): 805 CYPRESS BLVD.
APT. #304
City: POMPANO BEACH FL Zip Code: 33069

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: MICHAEL MOLONON DATE: 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (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

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MOLONON, MICHAEL R 4003 COCOPLUM CIRCLE COCONUT CREEK, FL 33063	☐ Delete	MGR MOLONON, MICHAEL R. 805 CYPRESS BLVD #304 POMPANO BEACH, FL 33069	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR VALDES, TERESA A 5851 HOLMBERG ROAD APT # 1914 PARKLAND, FL 33067	☐ Delete	MGR VALDES, TERESA A. 6053 OLD COURT ROAD #303 BOCA RATON, FL 33433	☑ 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

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 606, Florida Statutes.

SIGNATURE: MICHAEL MOLONON 4/30/03 (954) 803-8042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #