

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90696 021 \*\*\*\*50.00

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**DOCUMENT # L02000013773**

1. Entity Name

**REAL ESTATE INVESTORS FINANCIAL SERVICES LLC**



Principal Place of Business

515 E. LAS OLAS BLVD  
1040  
FT. LAUDERDALE FL 33301

Mailing Address

4448 SW 51 STREET  
B  
DANIA FL 33314

44005352

2. Principal Place of Business

4448 S.W. 51 STREET

Suite, Apt. #, etc.

#15

City & State

FT. LAUD, FLORIDA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

FT. LAUD, FLORIDA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

68-0506805

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KACHEL, ARTHUR  
4448 SW 51 STREET  
FT. LAUDERDALE FL 33314

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ARTHUR KACHEL  
4448 SW 51 ST  
FT. LAUD, FL 33314 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STEWART KACHEL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PARTNER  
STEWART KACHEL  
314 MARKHAM # 314  
DEERFIELD BCH, FL 33442 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PARTNER  
TAMARA CALG  
1601 LAKE REEDY BLVD S  
FROST PROOF, FL 33843 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ARTHUR KACHEL  
(PARTNER)  
4448 SW 51 STREET  
FT. LAUD, FL 33314 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Arthur Kachel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 29, 2003

Date

Daytime Phone #

CR2E083 (10/02)