

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90214 039 \*\*\*\*55.00

**DOCUMENT # L02000018655**

1. Entity Name

**RE DEVELOPMENT INVESTMENTS, L.L.C.**



Principal Place of Business

Mailing Address

**979 BEACHLAND BLVD.  
VERO BEACH FL 32963**

**979 BEACHLAND BLVD.  
VERO BEACH FL 32963**

**20011161**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-4207300**

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

**BLOCK, SAMUEL A  
979 BEACHLAND BLVD.  
VERO BEACH FL 32963**

Name

**Same**

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

10. ADDITIONS/CHANGES

| 9. MANAGING MEMBERS/MANAGERS    |                             | 10. ADDITIONS/CHANGES   |                |
|---------------------------------|-----------------------------|---|----------------|
| TITLE                           | NAME                        | TITLE   | NAME           |
|                                 | <b>Resident</b>             |   |                |
|                                 | <b>Yame F. ZANA</b>         |   |                |
|                                 | <b>215 Holly Road</b>       |   |                |
|                                 | <b>Vero Beach, FL 32963</b> |   |                |
| <input type="checkbox"/> Delete |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                |
| TITLE                           | NAME                        | TITLE   | NAME           |
| STREET ADDRESS                  | STREET ADDRESS              | STREET ADDRESS  | STREET ADDRESS |
| CITY-ST-ZIP                     | CITY-ST-ZIP                 | CITY-ST-ZIP   | CITY-ST-ZIP    |
| <input type="checkbox"/> Delete |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                |
| TITLE                           | NAME                        | TITLE   | NAME           |
| STREET ADDRESS                  | STREET ADDRESS              | STREET ADDRESS  | STREET ADDRESS |
| CITY-ST-ZIP                     | CITY-ST-ZIP                 | CITY-ST-ZIP   | CITY-ST-ZIP    |
| <input type="checkbox"/> Delete |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                |
| TITLE                           | NAME                        | TITLE   | NAME           |
| STREET ADDRESS                  | STREET ADDRESS              | STREET ADDRESS  | STREET ADDRESS |
| CITY-ST-ZIP                     | CITY-ST-ZIP                 | CITY-ST-ZIP   | CITY-ST-ZIP    |
| <input type="checkbox"/> Delete |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                |
| TITLE                           | NAME                        | TITLE   | NAME           |
| STREET ADDRESS                  | STREET ADDRESS              | STREET ADDRESS  | STREET ADDRESS |
| CITY-ST-ZIP                     | CITY-ST-ZIP                 | CITY-ST-ZIP   | CITY-ST-ZIP    |
| <input type="checkbox"/> Delete |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                |
| TITLE                           | NAME                        | TITLE   | NAME           |
| STREET ADDRESS                  | STREET ADDRESS              | STREET ADDRESS  | STREET ADDRESS |
| CITY-ST-ZIP                     | CITY-ST-ZIP                 | CITY-ST-ZIP   | CITY-ST-ZIP    |
| <input type="checkbox"/> Delete |                             | <input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

**MEMBER**

**1/12/03**

**(772) 532 3418**

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

Date

Daytime Phone #

CR2E083 (10/02)