

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0002598

DOCUMENT # L02000019608

1. Entity Name

RELLIM REALTY INVESTMENT, LLC



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

8342 ROYALWOOD DRIVE  
JACKSONVILLE FL 32256

Mailing Address

8342 ROYALWOOD DRIVE  
JACKSONVILLE FL 32256

2. Principal Place of Business

P.O. Box 3376

3. Mailing Address

P.O. Box 3376

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Augustine FL

City & State

St. Augustine, FL

Zip

32085

Country

USA

Zip

32085

Country

USA

4. FEI Number

45-0512647

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

O'NEAL, CHARLES S  
8342 ROYALWOOD DRIVE  
JACKSONVILLE FL 32256

Name

Judith G. Shine

Street Address (P.O. Box Number is Not Acceptable)

97 Orange Street

City

St. Augustine

FL

Zip Code

32084

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

Judith G. Shine

Manager Member

04/29/03

904-824-0484

CR2E083 (10/02)