FILED
Jun 06, 2003 8:00 am
Secretary of State
04-25-2003 90756 050 ****55.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020492

1. Entity Name
PIONEER REALTY OF THE PALM BEACHES, LLC

44003494

[redacted]

Principal Place of Business	Mailing Address
764 SEAVIEW DRIVE JUNO BEACH FL 33408	~~764 SEAVIEW DRIVE~~ JUNO BEACH FL 33408

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
14255 U.S. HWY #1	14255 U.S. HWY #1
Suite, Apt. #, etc. #218	Suite, Apt. #, etc. #218
City & State JUNO BEACH FL	City & State JUNO BEACH, FL
Zip 33408 Country USA	Zip 33408 Country USA

4. FEI Number 061641918 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

AUNAPU, DIANE M
764 SEAVIEW DRIVE
JUNO BEACH FL 33408

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] DIANE M. AUNAPU, BROKER 4/24/03
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

MANAGING MEMBER

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~REGISTERED AGENT~~, BROKER ☐ Delete DIANE M. AUNAPU 764 SEAVIEW DRIVE JUNO BEACH, FL. 33408	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
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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: SIGNATURE REQUIRED [signature] 4/24/03 561-799-5602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Diane M. Aunapu, Broker
DIANE M. AUNAPU BROKER (MANAGING MEMBER)