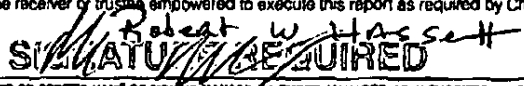


FILED
Apr 28, 2003 8:00 am
Secretary of State

03-06-2003 90004 047 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000021710			
1. Entity Name BOSTON REALTY MANAGEMENT LLC			
Principal Place of Business 748 NE 76TH ST. BOCA RATON FL 33487		Mailing Address 748 NE 76TH ST. BOCA RATON FL 33487	
2. Principal Place of Business 389 South Lake Drive Suite, Apt. #, etc. #3B City & State Palm Beach FL Zip 33480 Country USA		3. Mailing Address 389 South Lake Drive Suite, Apt. #, etc. #3B City & State Palm Beach FL Zip 33480 Country USA	
4. FEI Number 81-0568932		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 		DATE 3-3-03	
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	Member William Hassett 748 NE 76th Street Boca Raton FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING Member ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Robert Hassett 389 South Lake Drive #3B Palm Beach FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐ 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
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
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: 		DATE 3-3-03 561-802-3362	
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			