

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

**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**

06-27-2003 90015 010 \*\*\*\*50.00

**DOCUMENT # L02000025222**

1. Entity Name

**CENTRAL FLORIDA REAL ESTATE GROUP, LLC**



Principal Place of Business

**660 FIELD CLUB CIRCLE  
CASSELBERRY FL 32707**

Mailing Address

**660 FIELD CLUB CIRCLE  
CASSELBERRY FL 32707**

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

*Application in progress*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, BERRY J JR, ESQ  
WALKER & TUDHOPE, P.A.  
235 MAITLAND AVE. SOUTH, STE. 216  
MAITLAND FL 32751**

Name

*Walker, Berry J. Jr., Esq.*

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

*1053 Maitland Center Commons Blvd 2nd Fl*

City

*Maitland*

FL

Zip Code

*32751*

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

**MGR  
NASSAR, GREGORY  
660 FIELD CLUB CIRCLE  
CASSELBERRY FL 32707**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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

**SIGNATURE REQUIRED**

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

*6/17/03*

Date

*407 929-5415*

Daytime Phone #

CR2E083 (10/02)