2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCU	MENT # <b>L02000</b> 0			PR)		Secretary	of Sta	ate	l
RYAL REA	LTY INVESTMENTS, L.L.C.	/				08-07-2003 90064 0	40 ****50	0.00	
Principal Place of Business 31 TRASK ROAD PEABODY MA 01960		Mailing Address 31 TRASK ROAD PEABODY MA 01960							
2. Principal Place of Business  T. tus St		3. Mailing Address Suite, Apt. #, etc.							
Suite, Apt. #, etc.  City & State		City & State			CHECK HERE IF MAKING CHANGES  4. FEI Number  Applied For				]
7, 70, 54, 116 TL  Zip Country  327 96 USA		Zip	Count	ry	EI N → 5Y 208/800  5. Certificate of Status Desired		\$5.00 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New Registered	Agent		]
SOILEAU, JOHN L 1970 MICHIGAN AVENUE, BLDG. C COCOA FL 32922				Name Street Address	(P.O. Box Number is Not Acceptable)				   
				City		Fl	Zip Coo	le	_
	named entity submits this statement for ions of registered agent.  Signature: typed or printed fame or registered agent	nuril_		d office or registe		ooth, in the State of Florida. I am	familiar with,	and accept	
	······································	Make Check Payable	to Flo	EE IS \$50.00 rida Departmo iber 24, 2003	ent of State				
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS/CHANGE			1
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MGRM ZDANWICH, KRISTEN M 31 TRASK ROAD PEABODY MA 01960	☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition	CR2E083 (4/03)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-5	T ADDRESS ST-ZIP			☐ Change	☐ Addition	dition 5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	المسيد الما يستولد الأدواد واستهراي	Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	T ADDRESS . ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	I ADDRESS		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trusted	that my signature shall have th	e same	legal effect as if	made under oa	th: that I am a managing memb	rtify that the i er or manage	nformation er of the	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGER, OR AUTHORIZED REPRESENTATIVE

8303 Date 978-538-3065