


**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90011 040 \*\*\*\*50.00

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

<b>DOCUMENT # L02000026939</b>			
1. Entity Name <b>FLORIDA REAL ESTATE FINDER, L.L.C.</b>			
Principal Place of Business <b>637 CRANBROOK CT. OVIDO, FL 32766</b>		Mailing Address <b>C/O CFSE 215 CELEBRATION PLACE, STE. 170 CELEBRATION, FL 34747</b>	
2. Principal Place of Business <b>960 Alameda Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>960 Alameda Dr.</b> Suite, Apt. #, etc.	
City & State <b>Longwood, FL</b>		City & State <b>Longwood, FL</b>	
Zip <b>32750</b>	Country <b>U.S.A.</b>	Zip <b>32750</b>	
4. FEI Number <b>48-1279330</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>INCORPORATE USA, INC. 3150 SANDY RIDGE DR. CLEARWATER, FL 33761</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 <b>MGR FISHER, DAVID 215 CELEBRATION PLACE, STE. 170 CELEBRATION, FL 34747</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGR Fisher, David 960 Alameda Dr. Longwood, FL 32750</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.			
SIGNATURE: <b>David S. Fisher</b>		<b>MARCH 10, 2003</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CR2003 (10/02)