

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

04-28-2003 91000 033 ****50.00

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

DOCUMENT # L02000027001

1. Entity Name
U.S. REALTY TRUST, LLC



Principal Place of Business
 4084 SOUTHWELL WAY
 SARASOTA, FL 34241

Mailing Address
 4084 SOUTHWELL WAY
 SARASOTA, FL 34241

2. Principal Place of Business
3307 CLARK ROAD

3. Mailing Address
3307 CLARK ROAD

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.
Suite 101

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
55-0800834

Applied For
 Not Applicable

Zip Country
FL 34231 SARASOTA

Zip Country
34231 SARASOTA

5. Certificate of Status Desired **\$5.00** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SMITH, CRAIG L
 3307 CLARK RD., STE 101
 SARASOTA, FL 34231**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. 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

Craig L. Smith, Registered Agent

4.24.03
 DATE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent's signature required when reinstating.)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	JAMES W. COLLINS	4084 SOUTHWELL WAY	SARASOTA, FL 34241	<input type="checkbox"/>
MGRM	CRAIG L. SMITH	3307 CLARK RD # 101	SARASOTA, FL 34231	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Craig L. Smith

4.24.03 941.923.8588
 DATE Daytime Phone #

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

CR2E083 (10/02)