


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

**Jul 14, 2003 8:03 am  
Secretary of State**

07-14-2003 90323 004 \*\*\*\*55.00

DOCUMENT # L02000081575  
 1. Entity Name  
REAL ESTATE INVESTORS, LLC



90141921

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6749 TIBURON CIRCLE  
 Suite, Apt. #, etc.

3. Mailing Address  
6749 TIBURON CIRCLE  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON, FL

City & State  
BOCA RATON, FL

4. FEI Number 11-3665554  Applied For  
 Not Applicable

Zip 33433 Country USA Zip 33433 Country USA

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JEFFREY S. STEIN

Street Address (P.O. Box Number is Not Acceptable)  
6749 TIBURON CIRCLE

City BOCA RATON FL Zip Code 33433

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 JEFFREY S. STEIN, MBA DATE 7/8/03

**FEE IS \$50.00  
 Make Check Payable to Florida Department of State  
 DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MANAGING MEMBER JEFFREY S. STEIN, MBA 6749 TIBURON CIRCLE BOCA RATON, FL 33433</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E089B (12/02)

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] DATE 7/8/03 Daytime Phone # 561-352-6909