

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90284 008 \*\*\*\*50.00

**DOCUMENT # L03000037448**

1. Entity Name  
**UNITED REALTY ACQUISITIONS, LLC**



Principal Place of Business  
**2401 PGA BLVD., STE. 280  
PALM BEACH GARDENS, FL 33410**

Mailing Address  
**2401 PGA BLVD., STE. 280  
PALM BEACH GARDENS, FL 33410**

**24041393**



2. Principal Place of Business

3. Mailing Address

**3950 RCA BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 5000**

01292004 Chg-LLC CR2E083 (10/03)

City & State

City & State  
**PALM BEACH GARDENS, FL**

4. FEI Number  
**73-1680891**

Applied For  
Not Applicable

Zip

Country

Zip

**33410**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARY, JOHN W III  
GARY, DYTRYCH & RYAN, P.A.  
701 U.S. HWY. ONE, STE. 402  
N. PALM BEACH, FL 33408**

Name

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

City

**FL**

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 signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**MGRM  
BILLS, JOHN C.  
2401 PGA BLVD STE 280  
PALM BEACH GARDENS, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**MGRM  
BABS, WAYNE H.  
2401 PGA BLVD STE 280  
PALM BEACH GARDENS, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**MGRM  
ASH, RONALD  
2401 PGA BLVD STE 280  
PALM BEACH GARDENS, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**MGRM  
LEWIS, NEIL  
2401 PGA BLVD STE 280  
PALM BEACH GARDENS, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**MGRM  
RILEY, FRED  
2401 PGA BLVD, STE 280  
PALM BEACH GARDENS, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**MGRM  
SALOUR, NADER  
2401 PGA BLVD STE 280  
PALM BEACH GARDENS, FL 33410**

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

**3/25/04**

Date

**561-627-7551**

Daytime Phone #