

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90231 032 ****50.00

DOCUMENT # L03000053250

1. Entity Name

FIRST AMERICAN REAL ESTATE RESOURCES-3, LLC



Principal Place of Business

501 NORTH CAUSEWAY
NEW SMYRNA BEACH FL 32169

Mailing Address

501 NORTH CAUSEWAY
NEW SMYRNA BEACH FL 32169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

52-2436823

Applied For

Not Applicable

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

ASHLEY, LINDA
1224 COMMODORE DRIVE
NEW SMYRNA BEACH FL 32168

Name **MICHAEL LYNN**

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

501 NORTH CAUSEWAY

City **NEW SMYRNA BEACH**

FL

Zip Code **32169**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **MGRM ASHE, PAUL R** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **1224 COMMODORE DRIVE
NEW SMYRNA BEACH FL 32168**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **MGRM LYNN, MICHAEL** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **501 NORTH CAUSEWAY
NEW SMYRNA BEACH FL 32169**

TITLE
NAME **MGRM** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **MGRM HARVIN-CLARK** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP **52 RICHMOND DR.
NEW SMYRNA BCH FL 32169**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

Michael Lynn **3/4/04** **(385) 409-3130**