2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9700001381 1. Entity Name REAL ESTATE ASSOCIATE SERVICES, L.C.					FILED 00 MAR 29 AM 10: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1711 WORTH	ce of Business INGTON ROAD. #202 BEACH FL 33409		ng Address 1 WORTHINGTON ROAD. #202 ST PALM BEACH FL 33409-6407		HALLANASSEE. FLORIDA Y Y				
Principal Place of Business 3. Mailing Address				 	-				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State	City & State		4. FEI Number 65-0799117 Applied For Not Applicable				
Zip	Country	Zip			5. Certificate of Status Desired				
	6. Name and Address of Curren	t Registered Agent		Name	7. Name	and Address of New R	egistered Aç	ent	
MILLER, JAMES F 1711 WORTHINGTON ROAD, #202 WEST PALM BEACH FL 33409				Street Address (P.O. Box Number is Not Acceptable)					
				City FL Zip C				Zip Code	•
SiGNATURE 	Signature, typed or printed name of registered ager	FILE Make Check	NOW!!! FE Payable to D	pent signature required E IS \$50.00 Department o		100003 -04/14 *****	7000: 50,00	431 1004	020
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEM MGRM MILLER, JAMES F 1711 WORTHINGTON ROAD, # WEST PALM BEACH FL 33409	☐ Delete	10. TITLE NAME STREET A			ADDITIONS		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEVER, JANE 1711 WORTHINGTON ROAD, # WEST.PALM.BEACH FL 33409	□ Delete 202	TITLE MARKE STREET A CITY-ST-		*		,	Change	AddItion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAWE, RON 701 N. FEDERAL HIGHWAY #2 STUART FL 34994	CO1	TITLE NAME STREET A CITY-ST			2002		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SELZER, KATHY 701 N. FEDERAL HIGHWAY #2 STUART FL 34994	Superior	TITLE NAME STREET A CITY-ST					Change	☐ Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM BILL HOLLINGER 1711 WORTHINGTON W. PALMBEACH, F	KD. # 202.	YITLE MAME STREET A	- 1			•	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A				-	Changs	☐ Addition

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:

SIGNALLIAE REQUIRED

3/27/00

561.681-8991

APPROVED AND

Daytime Phone #