## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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

DOCUI	MENT #	L97000	0001381									
REAL ESTATE ASSOCIATE SERVICES, L.C.							01 FEB 26 AM 9: 34					
		*****										
Principal Place of Business Mailing Address  1711 WORTHINGTON ROAD, #202 1711 WORTHINGTON RO					2		SECRETARY OF STATE TALLAHASSEE.FLORIDA					
1711 WORTHINGTON ROAD. #202 1711 WORTHINGT WEST PALM BEACH FL 33409 WEST PALM BEA							TĂLLAHASSEE, FLURIUA					
			3. Mailing Address									
			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FE11	Number	<del></del>		Ar	plied For	
,							65	0799117			t Applicable	
Zip	Co	untry	Zip	Coun	itry	5. Certi	ificate of Statu	s Desired		55.00 Add ee Require		
	6. Name and	Address of Current Re	egistered Agent		-Name -		e and Addres	s of New Reg	jistered A	gent	سنمسدد درد	
MILLER, JAMES F						ddress (P.O. Box N	Number is Not	Acceptable)				
-	rthington Ro		Street Addre					-				
WEST PA	LM BEACH FL 3	3409		r						Zip Cod		
					City				FL	Zip Cou	<del></del>	
							or both in the	Chaba at Clasia				
3. The above	named entity subr	mits this statement for the	he purpose of changing i	ts registere	ed office or	registered agent,	Or Down, in the	State of Floric	da.			
OLONIATUDE			•					State or Floric				
OLONIATUDE		mits this statement for the	•			registered agent,		State of Floric	DATE	···		
OLONIATUDE			fittle if applicable. (NO	OTE: Registere	d Agent signatu	ore required when reinstat		State of Fioric				
CIONATURE			title if applicable. (NC	OTE: Registere	d Agent signatu	ore required when reinstat		State of Fioric				
SIGNATURE .	Signature, typed or printe		FILE I Make Check F	NOW!!! Payable t	rd Agent signatu	ore required when reinstat	ting)	DDITIONS/C	DATE	Shage	Addition	
SIGNATURE .	Signature, typed or printe	ed name of registered agent and	fittle if applicable. (No FILE I Make Check F	OTE: Registere NOW!!! Payable t	FEE IS \$ TO Depart	ore required when reinstat	ting)	DDITIONS/C	DATE	. Change	_	
SIGNATURE .  3.  TITLE VAME STREET ADDRESS	Signature, typed or printe MGRM MILLER, JAME 1711 WORTHI	MANAGING MEMBER  S F  NGTON ROAD, #202	FILE I Make Check F  RS/MEMBERS  Delete	DTE: Registere  NOW!!! Payable t  10. TITLI NAM STRE	FEE IS \$ TO Departs  E THE  E THE  THE  THE  THE  THE  THE	ore required when reinstat	A SOU	DDITIONS/C	HANGES	- <b>'28</b> - 0820	- <b>-6</b>	
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