

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90058 029 \*\*\*\*50.00

**DOCUMENT # L97000001381**

1. Entity Name

**REAL ESTATE ASSOCIATE SERVICES, L.C.**



Principal Place of Business

**1601 BELVEDERE RD  
504 E  
WEST PALM BEACH FL 33406**

Mailing Address

**1601 BELVEDERE RD  
504 E  
WEST PALM BEACH FL 33406**

2. Principal Place of Business

**219 N DIXIE HWY**

Suite, Apt. #, etc.

3. Mailing Address

**← SAME**

Suite, Apt. #, etc.

City & State

**LAKE WORTH FL**

City & State

**← SAME**

4. FEI Number **65-0799117**

Applied For

Not Applicable

Zip

**33460**

Country

**USA**

Zip

**← SAME**

Country

**← SAME**

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

**MILLER, JAMES F**

**1601 BELVEDERE RD**

**504 E**

**WEST PALM BEACH FL 33406**

Name

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

**219 N DIXIE HWY**

City

**LAKE WORTH**

FL

Zip Code

**33460**

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

**1/10/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MILLER, JAMES F  
1601 BELVEDERE RD #504 E  
WEST PALM BEACH FL 33406** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**219 N DIXIE HWY  
LAKE WORTH, FL 33460** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KIMBLE, ANITA Z  
1601 BELVEDERE RD #504 E  
WEST PALM BEACH FL 33406** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ 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:

**SIGNATURE RE JAMES F MILLER**

**1/10/03**

**561-781-7596**

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

Date

Daytime Phone #

CR2E083 (10/02)