

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90018 006 ****55.00

DOCUMENT # L98000001949

1. Entity Name

PREFERRED REALTY GROUP, L.C.

Principal Place of Business

**12675 TAMiami TRAIL E
 NAPLES FL 34113**

Mailing Address

**12675 TAMiami TRAIL E
 NAPLES FL 34113**

2. Principal Place of Business

12709 Tamiami Trail E.

3. Mailing Address

12709 Tamiami Trail E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

Country

34113 COUER

Zip

Country

34113 COUER

4. FEI Number

59-3533041

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROCHE, CHRISTOPHER A
 229 N COLLIER BLVD
 MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name
FRANK A. MAFFEI

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

142 LA PENINSULA BLVD.

NAPLES

City

FL

Zip Code

34113

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.

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 Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE
MGRM ☐ Delete
 NAME
MAFFEI, FRANK
 STREET ADDRESS
142 LA PENINSULA BOULEVARD
 CITY-ST-ZIP
NAPLES FL 34113

TITLE
MGRM ☐ Delete
 NAME
GOGGIN, GAIL L
 STREET ADDRESS
P.O. BOX 426
 CITY-ST-ZIP
NAPLES FL 34106

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 a 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 Ph

FRANK A. MAFFEI 1/25/02 941-412-

CR2E083 (9/01)