APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L99000004564 1. Entity Name 00 MAY 22 AM 9: 52 R.E.A.L. ACQUISITIONS, L.L.C. garage 🚁 🚶 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 14802 N DALE MABRY HWY 14802 N DALE MABRY HWY SUITE 202 SUITE 202 **TAMPA FL 33618** TAMPA FL 33618-2073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRIMES, FRANK Street Address (P.O. Box Number is Not Acceptable) 14802 N DALE MABRY HWY SUITE 202 **TAMPA FL 33618** Zip Code is this statement for the purpose of changing its registered office or registered agent, oth, in the State of Florida. 8. The above named entity subp SIGNATURE DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. Change Addition TITLE TITLE MGR C Delete **800003284168--**-06/12/00--01015--018 MARIF NAME GRIMES, FRANK. STREET ADDRESS 14802 N DALE MABRY HWY SUITE 202 STREET ADDRESS *****50.00 *****50.00 CITY- ST- ZIP **TAMPA FL 33618** CITY- &T- ZIP Change Delete TITLE TITLE HAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-8T-ZIP Change Addition Delate TITLE NAME STREET ADDRESS STREET ADDRESS CITY-81-ZIP

CITY-ST-ZIP Change ☐ Addition Delete TITLE 7171 F MAME MAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete IIILE TITLE M LMF MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZCP CITY-21-71P Change ■ Addition TITLE Delete TITLE RAME MAME STREET ADDRESS 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 PAINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/2//0 9/3 // Date Daytime Prom