2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L99000009381 1. Entity Name FILED REA, L.L.C. 00 APR 12 AM 11:51 Principal Place of Business Mailing Address Same SECRETARY OF STATE 2600 SOUTH FLORIDA AVENUE TALLAHASSEE, FLORIDA LAKELAND, FLA. 33803 2. Principal Place of Business 3. Mailing Address 2600 So. 4 la. Que. Sawe Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SuITE 2A City & State City & State 4. FEI Number Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired  $\Box$ 33803 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 2600 South Florida Querre Street Address (P.O. Box Number is Not Acceptable Lakeland Ha. 33803 Zip Code  $\mathsf{FL}$ 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. SECRETARY - DIRECTOR MCRM Change Addition TITLE TITLE <del>YreesideNT</del> DIBECTOR □ Delete MARY JANE McCall 2600 SOUTH FLA AUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <del>33843</del> PKENYND . Director DC VICE DRESIDENT Addition Addition ☐ Change TITLE TITLE Delete NAME NAME JOHN BOYCE 2600 Soutel FLA AVE STREET ADDRESS STREET ADDRESS City-S1-ZIP CITY-ST-ZIP AKEZAND FLA 33803 ☐ Delete TITLE TREASURER - DIRECTOR-MORRA Change TITLE 2600 SOUTH FLA NAME NAME (VE STREET ADDRESS STREET ADDRESS Lakeland fla. CITY-ST-ZIP CITY-ST-ZIP 33FO3 DIRECTOR - MGRM ☐ Change Addition Delete TITLE TITLE NAME NAME GIL WARD FAA AVE STREET ADDRESS STREET ADDRESS Pla S CITY-ST-ZIP Cakeland CITY-ST-ZIP President ☐ Delete TITLE TITLE Anthony S Fridovich 2600 South Florida NAME NAME STREET ADDRESS STREET ADDRESS Lake land CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE 100003219671 NAME NAME -04/24/00--01023--017 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP <u>ቀቀቀቀቀቸበ በበ</u> 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

BER OR MANAGER

SIGNATURE:

AN770NY S