

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90751 011 ****50.00

DOCUMENT # M02000002147

1. Entity Name

HOME BUYERS REALTY, LLC



Principal Place of Business

**14410 CEDAR COURT
MIAMI LAKES FL 33014**

Mailing Address

**14410 CEDAR COURT
MIAMI LAKES FL 33014**

2. Principal Place of Business

3604 UNIVERSITY BLVD

3. Mailing Address

3046 STILLWATER DRIVE

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

GAINESVILLE GA

Zip

32216

Country

FLORIDA

Zip

30506

Country

GA

4. FEI Number

22-3858615

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ALBERT, JULIE
14410 CEDAR COURT
MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **J Albert**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-17-03

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **RUPPENTHAL, W.**
STREET ADDRESS **3046 STILLWATER DRIVE**
CITY-ST-ZIP **GAINESVILLE GA 30506**

TITLE **MGR** ☐ Delete
NAME **ALBERT, JULIE**
STREET ADDRESS **14410 CEDAR COURT**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete
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CITY-ST-ZIP

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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
NAME
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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: **W Ruppenthal** **SIGNATURE REQUIRED**

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

4/17/03

Date

Daytime Phone #

CR2E083 (10/02)

0009328