

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000003222</b> 1. Entity Name <b>RESIDENTIAL ESSENTIALS, LLC</b>					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business <b>345 ROUSER ROAD, BLDG #5</b> Suite, Apt. #, etc.			3. Mailing Address <b>345 ROUSER ROAD, BLDG #5</b> Suite, Apt. #, etc.		
City & State <b>CORAOPOLIS, PA</b>			City & State <b>CORAOPOLIS, PA</b>		
Zip <b>15108</b>		Country <b>USA</b>		4. FEI Number <b>20-0001753</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
7. Name and Address of Current Registered Agent					
Name <b>C T CORPORATION SYSTEM</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND ROAD</b>					
City <b>PLANTATION</b>					
State <b>FL</b>					
Zip Code <b>33324</b>					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER <b>FRANCIS H. AZUR</b> <b>345 ROUSER ROAD, BLDG #5</b> <b>CORAOPOLIS, PA 15108</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U000000144674</b> <b>04/30/04-80141-015 50.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER <b>CHRISTOPHER F. AZUR</b> <b>345 ROUSER ROAD, BLDG #5</b> <b>CORAOPOLIS, PA 15108</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<b>SIGNATURE:</b> <b>Christopher Azur</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small> <b>4/29/04</b> <small>Daytime Phone #</small> <b>(412) 299-6200</b>					

CR2E0638 (12/02)