

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM****Secretary of State****DOCUMENT # M99000002071****1. Entity Name**  
SOUTHEASTERN PROPERTY APPRAISERS, LLC

<b>Principal Place of Business</b> 1560 LEJEUNE ROAD  CORAL GABLES FL 33134	<b>Mailing Address</b> 1560 LEJEUNE ROAD  CORAL GABLES FL 33134
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<b>2. Principal Place of Business</b> 702 CANOE CREEK RD  Suite, Apt. #, etc. A	<b>3. Mailing Address</b> PO BOX 87  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> KENANSVILLE FL	<b>City &amp; State</b> KENANSVILLE FL	<b>4. FEI Number</b> 52-2206233	<b>Applied For</b> <input type="checkbox"/> Additional Fee Required <input type="checkbox"/> Not Applicable
<b>Zip</b> 34739	<b>Country</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  LANCE S. CAMPBELL 702 CANOE CREEK ROAD  KENANSVILLE FL 34739 US	<b>7. Name and Address of New Registered Agent</b>  Name ROBERT LUDWIG  Street Address (P.O. Box Number is Not Acceptable) 702 CANOE CREEK ROAD  City KENANSVILLE FL Zip Code 34739
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**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** ROBERT LUDWIG **04/26/2001**  
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**

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> OTERO FRANK III 1560 LEJEUNE ROAD CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> LUDWIG ROBERT PHII 1560 LEJEUNE ROAD CORAL GABLES FL 33134	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> LUDWIG ROBERT 702 CANOE CREEK RD KENANSVILLE FL 34739	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> CAMPBELL LANCE S 1560 LEJEUNE ROAD CORAL GABLES FL 33134	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> LANCE CAMPBELL 702 CANOE CREEK RD KENANSVILLE FL 34739	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** ROBERT LUDWIG **MGR** **04/26/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)