2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2003 8:00 am Secretary of State

1. Entity Nar	IMENT # P9800 TI REAL ESTATE INVESTME	. 05-22-2003 90134 019 ***150.00						
Principal Plac	ce of Business	Mailing Address	V		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
301 LIVE OAK STREET 301 LIVE OAK STREET								
NEW SMYRNA	A BEACH FL 32168	NEW SMYRNA BEACH,FL	32168	•	(MBCOBB) (IN 1868) (BULL AND); AND SERVE AND HAVE LIGHT AND A PART OF A			
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2. Principal f	Place of Business	3. Mailing Address			T - I ADDRADA TABU UNION TABU TABUT ABITA DELIAN TABUT T Tabut tabut tabut tabu tabut tabu			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Star	le	City & State			4. FEI Number Applied For Not Applicable			
Zip	Country	Zip	Country	^-	5. Certificate of Status Desired S8.75 Additional Fee Required			
_	6. Name and Address of Current	Registered Agent	L		7. Name and Address of New Registered Agent			
			N	Name				
SPIEGEL	& UTRERA, P.A		·	Street Address (F	P.O. Box Number is Not Acceptable)			
343 ALME	ERIA AVENUE		· [-					
CORAL,G	ABLES FL 33134		L					
	*1	•	(City	FL Zip Code			
6. The above	a named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered o	office or registere	ed agent, or both, in the State of Florida. I am familiar with, and accept			
_	All Land				uliclas			
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Age	ert signature required :	when reinstating) DATY			
1.8 ₅ F	TLE NOW!!! FEE IS \$150.00							
After	r May 1, 2003 Fee will be \$550.00				9. Election Campeign Financing \$5.00 May Be Trust Fund Contribution.			
Make Checi	k Payable to Florida Department of				Track y dire domination.			
10	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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of the corp	on this report or supplemental report is:	true and accurate and that my wered to execute this report a	z sionature s	shall have the sa	tion 119.07(3)(i), Florida Statutes, I further certify that the information time legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 if			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNAND GEPICER OR DIRECTOR

4/15/03 386423-879 Offic Devium Phone #

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

AHachment

4 Entire Norm	MENT # 2; Rood Estate Inde	stant Renew	nt.	90137281 P9800002278	5
	DO NOT WRITE	IN THIS SE	PACE		
'	lace of Business Ltul Oak St.	3. Mailing Address 301 Liut Oak	Sti		
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE
Oity & State	Yrna Bch. FL.	City & State	Bch. FL.	4. FEI Number 59 3499947	Applied For Not Applicable
3416	Country	Zip 32168	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			Nemo	7. Name and Address of Current Registere	d Agent
	DO NOT WI	DITE	Robert	E FIGNERZ:	
7 - 7-4 -12 - 12 - 14	DO_NOT_WI	e e a care e mente de la care de		(P.O. Box Number is Not Acceptable)	
	IN THIS SP.	ACE			
			City	Smyrna Boh. FL	Zip Code
		the purpose of changing its	registered office or registe	red agent, or both, in the State of Florida. I am	201.00
the obligat	ions of registered agent.	r t			r l
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signature require	d when reinstating) DATE	03
	uary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution. []	\$5.00 May Be Added to Fees
10.	OFFICERS AND E				en de la companya de La companya de la co
TITLE	Robert Efferen	- •	TITLE		
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12. Thereby 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert E FLOVENZi \$/07/03