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FILED
Jul 10, 2001 8:00 am
Secretary of State

05-30-2001 90035 005 ***150.00

200: UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V56388

1. Entity Name

REAL ESTATE INVESTORS I, INC (LP)

Principal Place of Business	Mailing Address
CARE OF CENTRAL MANAGEMENT CO. 201 S. AMELIA AVE - G4 DELAND, FL 32724	SAME

5 0 2 6 8 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3132969 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LITZELFELNER, R. ALAN 1405 HALT DR. APT A.10 REYNOLDSBURG, OHIO 43068	Name: R. Alan Litzelfelner Street Address (P.O. Box Number is Not Acceptable): 201 S. Amelia Ave, G-4 City: DeLand FL Zip Code: 32724

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 _____ 4-17-2001 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LITZELFELNER, R. ALAN	NAME	
STREET ADDRESS	1405 HALT DRIVE - A.10	STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG, OH 43068	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
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TITLE			☐ Change ☐ Addition
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with all other like empowered.

SIGNATURE: _____ 4-17-2001 Date

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 7386812 Daytime Phone #