

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013948 AF

DOCUMENT # L00000008417

1. Entity Name  
KPT INVESTMENTS, LLC

FILED

01 APR 30 PM 6:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 2401 PGA BLVD., SUITE 155, PALM BEACH GARDENS FL 33410  
Mailing Address: 2401 PGA BLVD., SUITE 155, PALM BEACH GARDENS FL 33410



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  Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALCZAK, PAUL  
2401 PGA BLVD., SUITE 155  
PALM BEACH GARDENS FL 33410

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.

SIGNATURE \_\_\_\_\_ (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

300004218509--11  
-05/15/01--01134--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WALCZAK, PAUL	
STREET ADDRESS	2401 PGA BLVD., SUITE 155	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BELL, KEVIN	
STREET ADDRESS	2401 PGA BLVD., SUITE 155	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MORGAN, TY	
STREET ADDRESS	2401 PGA BLVD., SUITE 155	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

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

Date

Daytime Phone #

CR2E083 (11/00)