2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 24, 2002 8:00 am Secretary of State DOCUMENT # L01000002258 05-27-2002 90405 048 ****50.00 1. Entity Name THE KICKLIGHTER GROUP, L.C. Principal Place of Business Mailing Address 6412 NORTH UNIVERSITY DRIVE 94597 6412 NORTH UNIVERSITY DRIVE TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-1077806 Applied For Zip Country Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent JENNINGS, EDWARD J ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 SE 18TH COURT FT. LAUDERDALE FL 33316 City 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 (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR Delete nne NAME KICKLIGHTER, J. LEILANI (9/01)Addition MALIE STREET ADDRESS 6412 NORTH UNIVERSITY DRIVE STREET ADDRESS CITY-ST-7/P CR2E083 TAMARAC FL 33321 CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2:P CITY-ST-ZIP 7171F☐ Delete TITLE NAME ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete DITE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 immediately company of the hoogiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED