

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90270 004 ****50.00

001151

DOCUMENT # L02000015151

1. Entity Name

KATHCO, L.L.C.



Principal Place of Business

Mailing Address

~~6200 WILES RD., #102
CORAL SPRINGS FL 33067~~

~~6200 WILES RD., #102
CORAL SPRINGS FL 33067~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 670451

P.O. Box 670451

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Coral Springs FL

Coral Springs FL

City & State

City & State

4. FEI Number

05-0523879

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES



Zip
33067

Country

Zip
33067

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEINBERG, JEFFREY ESQ.
4000 HOLLYWOOD BLVD., STE. 350-N
HOLLYWOOD FL 33021

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Catherine M. Stewart
P.O. Box 670451
Coral Springs FL 33067 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Hugh Stewart
P.O. Box 670451
Coral Springs FL 33067 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

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 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change 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: Catherine M. Stewart Catherine M. Stewart, Manager 4-8-03 954 575-0234

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

Date

Daytime Phone #

CR2E083 (10/02)