2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
03-05-2002 90017 041 ****55.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L97000000183

1. Entity Name
H.K.L., L.C.

c/o Cardinal Capital Corp.
150 Algoma Road
Palm Beach, FL. 33480

Mailing Address
~~C/O GUNSTER, YOAKLEY, VALDES-FAULI P.A.~~
~~777 S. FLAGLER DR., SUITE 500 EAST TOWER~~
~~WEST PALM BEACH FL 33401~~
SAME

2. Mailing Address
Apt. #, etc. 33401-4025
City & State | City & State
Zip | Country | Zip | Country

4. FEI Number 65-0728407 — Applied For / Not Applicable

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
KRASKER, PAUL A ESQUIRE MOYLE, FLANIGAN ET AL. 625 N. FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH FL 33401-4025	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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KUKWA-LEMMERZ, HORST	NAME	
STREET ADDRESS	~~777 S. FLAGLER DR., SUITE 500 EAST TOWER~~ c/o Cardinal Capital Corp.	STREET ADDRESS	
CITY-ST-ZIP	WE... 150 Algoma Road ~~33401-4025~~ Palm Beach, FL. 33480	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (9/01)

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] Febr. 2, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #