

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001373

1. Entity Name

ENJAY REALTY, L.L.C.

Principal Place of Business

3545 OCEAN DRIVE, SUITE 201  
VERO BEACH FL 32963

Mailing Address

3545 OCEAN DRIVE, SUITE 201  
VERO BEACH FL 32963

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 22-3524335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LLOYD, ROBIN A SR.  
C/O ROBIN A. LLOYD, SR. & ASSOCIATES, P.A.  
3545 OCEAN DRIVE, SUITE 201  
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

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

TITLE NAME ☐ Delete  
MGR  
KEAN, JOHN  
STREET ADDRESS  
176 NORTH SHORE POINT  
CITY-ST-ZIP  
VERO BEACH FL 32963

TITLE NAME ☐ Delete  
MGRM  
KEAN, PAMELA S  
STREET ADDRESS  
176 NORTH SHORE POINT  
CITY-ST-ZIP  
VERO BEACH FL 32963

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 REQUIRED** Manager

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

2/12/02

Date

561 231-0388

Daytime Phone #

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90042 029 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)