FILED
Jul 10, 2003 8:00 am
Secretary of State
05-05-2003 90691 023 ****50.00

5/5/

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007747

1. Entity Name

KLP HOLDINGS, LLC

55050779

[redacted]

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
100 SOUTHEAST SECOND STREET, SUITE 4650 MIAMI FL 33131	100 SOUTHEAST SECOND STREET, SUITE 4650 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
550 BILTMORE WAY	550 BILTMORE WAY
Suite, Apt. #, etc. SUITE 970	Suite, Apt. #, etc. SUITE 970
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip: 33134 Country: MIAMI-DADE	Zip: 33134 Country: MIAMI-DADE

4. FEI Number 65-1023321 ☐ 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
REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST SECOND STREET, SUITE 3500 MIAMI FL 33131-2130	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM PEEBLES, R. DONAHUE SUITE 970 ~~100 SE 2ND STREET, #4650~~ 550 BILTMORE WAY ~~MIAMI FL 33131~~ CORAL GABLES FL 33134	☐ Delete	MANAGING MEMBER	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP				☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (10/02)

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 this limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #