

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 03, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000000586**1. Entity Name  
PILOT PROPERTIES, LLC

Principal Place of Business 13861 SAND CRANE DRIVE  PALM BEACH GARDENS FL 33418	Mailing Address 13861 SAND CRANE DRIVE  PALM BEACH GARDENS FL 33418
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  DAMON CONRAD ESQ. 4420 BEACON CIRCLE, SUITE 100  WEST PALM BEACH FL 33407 US	7. Name and Address of New Registered Agent  Name KUSS VIVIAN F  Street Address (P.O. Box Number is Not Acceptable) 13861 SAND CRANE DR.  City PALM BEACH GRDNS. FL Zip Code 33418
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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 **VIVIAN F. KUSS** 04/03/2001  
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**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUSS DONALD J 13861 SAND CRANE DR. PALM BEACH GRDNS. FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Donald J. Kuiss MGRM 04/03/2001

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

Date

Daytime Phone #

CR2E083 (11/00)