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

FILED May 12, 2002 8:00 am Secretary of State 05-12-2002 90609 018 ****50.00

DOCUMENT # \(\text{LOOOOOOOO59} \(\text{C} \) 1. Entity Name				05-12-2002 90609 018 ****50.00
KDB DESIGN UC				
DO NOT WRITE IN THIS SPACE				- ~ O O O O
2 4207 TRANQUILITT DR. 7491 N. FEDE			DPAI LULL	
Suite, Apt. #, etc.		Cite Apt. # 288		DO NOT WRITE IN THIS SPACE
HICHTAND BEACH, FL		BOCA RATON, FL		4. FEI Number 978086 Applied For Not Applicable
3348	1 0 0 0	33487	Country	5. Certificate of Status Desired See Required
JS-10.		00-107		7. Name and Address of Current Registered Agent
DO NOT WRITE Street Agree PROVING PART ACCORDANCE DOLLAR				
y	IN THIS SP	ACE	Su ee 72	77 TRANQUILLY DRIVE
			City <i>LLIC</i>	HLAND REACH FL 33487
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.				
(100)				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE				
		Make Check Pay	EE IS \$50.00 /able to Departme UE BY MAY 1	nt of State
9.	MANAGING MEMBE			
NAME STREET ADDRESS CITY-ST-ZIP	KERSTIN D, BEK 4207 TRANQUILIT HIGHLAND BEACH	TYRIVE_	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRZE083B (1201
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. 1
TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS CITY-ST-ZPP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-24P			TITLE' NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME, STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-21P	
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 emogwered to execute this report as required by Chapter 608, Florida Statutes.				

SIGNATURE: _____

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE