

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90002 027 ****50.00

DOCUMENT # L00000002573

1. Entity Name
KAMINIA INVESTMENT CO., L.L.C. ✓

Principal Place of Business 4875 NORTH FEDERAL HWY 7TH FL FORT LAUDERDALE FL 33308	Mailing Address 4875 NORTH FEDERAL HWY 7TH FL FORT LAUDERDALE FL 33308
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2. Principal Place of Business P.O. BOX 1046 Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 1046 Suite, Apt. #, etc.
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City & State DELRAY BEACH FLORIDA	City & State DELRAY BEACH FLORIDA
Zip 33447	Country USA



4. FEI Number **65-0995059** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**ROSENBERG, ARTHUR R
 4875 NORTH FEDERAL HWY 7TH FL
 FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent
 Name **Michael Leventis**
 Street Address (P.O. Box Number is Not Acceptable)
938 Dogwood Drive
 City **Delray Beach** FL Zip Code **33483**

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 **MICHAEL LEVENTIS** DATE **7/17/2002**

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO LEVENTIS, MICHAEL 938 DOGWOOD DR. DELRAY BEACH FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE **7/17/2002** (861)-703-1381

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

CR2E083 (4/02)