

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000003294****1. Entity Name**
KINGON HENNING VENTURES, L.C.

Principal Place of Business 24520 PRODUCTION CIRCLE #7 BONITA SPRINGS FL 34135	Mailing Address 24520 PRODUCTION CIRCLE #7 BONITA SPRINGS FL 34135
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0996105	Applied For ☐ Not Applicable
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DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BOLANOS TRUXTON & YOUNGS, P.A. 12800 UNIVERSITY DRIVE, SUITE 240 FORT MYERS FL 33907	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	04/26/2001 DATE
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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	MGR KINGON KENNETH 24520 PRODUCTION CIRCLE #7 BONITA SPRINGS FL 34135 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KINGON KENNETH 24520 PRODUCTION CIRCLE #7 BONITA SPRINGS FL 34135 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Kenneth Kingon	MGR	04/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date

Daytime Phone #

CR2E083 (11/00)