2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000003866

1. Entity Name

KIWI INVESTMENTS, LLC



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90323 002 ****50.00

					V1 185						
Principal Pla	ce of Business	Mailing Address									
1217 E AVENUE SOUTH SUITE 301 SARASOTA FL 34239		1217 E AVENUE SOUTH SUITE 301 SARASOTA FL 34239				1188	30		2750		
	Place of Business Tamiami Trail	3. Mailing Address 3325 S. Tamiami Trail									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Sta Sarasot	te ta, FL	City & State Sarasota, FL			4. FEI Nun	nber 65-1010 9	957		pplied For ot Applicable	7	
Zip 34239 -	Country USA	^{Zip} 34239	Coun USA	try	200	5. ○Certifica	ite of Status Desired	· · ·	\$5.00 Ac	lditional	-
-	6. Name and Address of Current F	Registered Agent	_			7. Name a	nd Address of New	Registered	i Agent		-
DART, JOHN M RUDEN MCCLOSKY SMITH SCHUSTER & RUSSELL PA 1549 RINGLING BLVD SUITE 600				Name Cyrus Badii, M.D. Street Address (P.O. Box Number is Not Acceptable) 3325 S. Tamiami Trail							
SAF	RASOTA FL 34236			City Sara	asota		<u></u>	F	L Zip Coo	1e 230	1
8. The above the obligat	named entity submits this statement for tions of registered agent. Signature, typeo or prigled name of registered agent ar	mo		ed office o	r registere	d agent, or b	ooth, in the State of F	Florida. I am	familiar with	and accept	-
		FILE NO Make Check Payable Due	to Flo		partmen	t of State					1
9.	MANAGING MEMBER	S/MANAGERS	10.				ADDITIONS	S/CHANGE	S		f
TITLE NAME	MGRM LOEWE, CHARLES MD	☐ Delete	TITLE		MGRM	e, Char	les MD		K Change	☐ Addition	1
STREET ADDRESS CITY-ST-ZIP	1217 E AVE SOUTH, STE 301 SARASOTA FL 34239		STREE	T ADDRESS ST-ZIP	3325	-	iami Trail				
TITLE NAME STREET ADDRESS	MGRM BADII, CYRUS MD 1217 E AVE SOUTH, STE 301	☐ Delete	TITLE NAME STREE		MGRM Badii	., Cyrus		-	K Change	☐ Addition	
CITY-ST-ZIP	SARASOTA FL 34239	· · · · · · · · · · · · · · · · · · ·	CITY-	ST-ZIP	t .		<u>342</u> 39	· ·			-
TITLE NAME STREET ADDRESS	MGRM HARWELL, JASON B 8345 BLUFFVIEW WAY	☐ Delete		T ADDRESS				•	☐ Change	☐ Addition	
CITY-ST-ZIP TITLE	COLORADO SPRINGS CO 80919	☐ Delete	CITY-:	ST-ZIP		:		· -			-
NAME Street address City-St-Zip		∟ Delete	NAME	T ADDRESS					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	T ADDRESS					Change	Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS 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 50%. Florida Statutes.

