2001 UNIFORM BUSINESS REPORT (UBR)				
DOCUMENT # LOOTOOO4310  1. Entity Name  KASE DEVELOPMENT, L.L.C.			SECRETARY OF DIVISION OF CORP	
Principal Place of Business 102 SYLVAN GLEN SAN MATEO FL 32187	Mailing Address 102 SYLVAN GLEN SAN MATEO FL 32187		OIDEC13 PH	3: 52
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN TH	IIS SPACE
City & State City & State			4. FEI Number Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Register	ad Agent
FISHER, KEVIN E 102 SYLVAN GLEN SAN MATEO FL 32187			Street Address (P.O. Box Number is Not Acceptable)	
order matter of E delice.		City	· · · · · · · · · · · · · · · · · · ·	Zip Code
8. The above named entity submits the estatement for the personal changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and its regulation (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State				
,	Due By	September 26, 2001	*****50.00	
9. MANAGING MEMBER TITLE NAME STREET ADDRESS CITY-ST-ZIP 102 Sylvan 102	☐ Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANC	Change Addition (50)
TITLE Saw Problem	□ Delete	TITLE NAME		☐ Change ☐ Addition
STREET, ADDRESS		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete .	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	-	☐ Change ☐ Addition,
TITLE NAME STREET ADDRESS CITY-ST-2P	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZI®  WONL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TONE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this fing 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 acquired and that fly 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 employeed to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:    12				

STAPLE CHECK HERE