

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0010553

DOCUMENT # L00000006015

1. Entity Name

KWGC INVESTMENT CO., L.L.C.



FILED
03 APR 16 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~279 GOLF CLUB DR~~
KEY WEST FL 33040

~~279 GOLF CLUB DRIVE~~
KEY WEST FL 33040

2. Principal Place of Business

1010 Kennedy Dr
Suite, Apt. #, etc.

3. Mailing Address

1010 Kennedy Dr.
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1024453

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

7. Name and Address of New Registered Agent

ALLISON, JOHN R III
100 SE 2ND STREET, SUITE 3350
MIAMI FL 33131-2151

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SINGH, PRITAM
STREET ADDRESS ~~279 GOLF CLUB DR~~
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ Addition
NAME 1010 Kennedy Dr.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 000016117140
STREET ADDRESS 04/16/03--01052--003 **50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Pritam Singh 2/10/03 manager 305-296-5601

CR2E083 (10/02)