

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009300

1. Entity Name  
KILLARNEY, LLC

Principal Place of Business  
601 BAYSHORE BOULEVARD, SUITE 650  
TAMPA FL 33606

Mailing Address  
601 BAYSHORE BOULEVARD, SUITE 650  
TAMPA FL 33606

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number 59-3667117  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

FUNK, CHARLES B  
601 BAYSHORE BOULEVARD, SUITE 650  
TAMPA FL 33606

## 7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

800003583248--6  
-01/29/01--01012--004

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME Funk, Charles B  
STREET ADDRESS 601 Bayshore Blvd. Suite 650  
CITY-ST-ZIP Tampa, FL 33606

TITLE MGR  
NAME Meehan, Jeffrey B  
STREET ADDRESS 601 Bayshore Blvd. Suite 650  
CITY-ST-ZIP Tampa, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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: Charles B Funk  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/18/01 (813) 251-1221  
Date Daytime Phone #

CR2E083 (11/00)