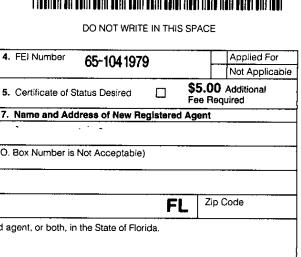
## 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0000011205 KERNEY HOLDINGS, LLC Principal Place of Business Mailing Address 320 SE 16TH AVE. 320 SE 16TH AVE. FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-1041979 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name KERNEY, PATRICK J Street Address (P.O. Box Number is Not Acceptable) 320 SE 16TH AVE. FT. LAUDERDALE FL 33301 City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE KERNEY, PATRICK J NAME NAME 320 SE 16TH AVE STREET ADDRESS

## **FILED** Apr 22, 2002 8:00 am Secretary of State

04-22-2002 90232 037 \*\*\*\*50.00



CITY-ST-ZIP	FT. LAUDERDALE FL 33301	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-2IP	_ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·· • • •	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS		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 if trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SI

HEWLRIE NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Change

☐ Addition