

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90001 019 \*\*\*\*50.00

**DOCUMENT # L00000011865**

1. Entity Name

**K & G PROPERTY MANAGEMENT, LLC.**



Principal Place of Business

**1607 BLAIRMOR CT  
GROSSE PTE WOODS MI 48236**

Mailing Address

**1607 BLAIRMOR CT  
GROSSE PTE WOODS MI 48236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3677490**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DIVICO, JOHN JR.  
160 LANTANA  
FLAGLER BEACH FL 32136**

7. Name and Address of New Registered Agent

Name **Mary L. DiVico**

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

City **Flagler Beach FL** Zip Code **32136**

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 *Mary DiVico*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-7-03**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  Delete  
NAME **MGRM DIVICO, GREGORY**  
STREET ADDRESS **1607 BLAIR MOOR CT.**  
CITY-ST-ZIP **GROSSE PTE. WOODS MI 48236**

TITLE  Delete  
NAME **MGRM DIVICO, KAREN**  
STREET ADDRESS **1607 BLAIRMOR CT.**  
CITY-ST-ZIP **GROSSE PTE WOODS MI 48236**

TITLE  Delete  
NAME **MGRM DIVICO, MARY**  
STREET ADDRESS **160 LANTANA**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  Change  Addition  
NAME  
STREET ADDRESS **1607 BLAIRMOR CT.**  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **DIVICO, KAREN M. GATES**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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:

*Karen Gates DiVico*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3-9-03 (313) 886-9769**

Date

Daytime Phone #

CR2E083 (10/02)