LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _____

FILED Jun 04, 2002 8:00 am Secretary of State

211-272-6000

DOCUMENT # LOOOOOO 11893 1. Entity Name K. C. Property Investment LLC				06-04-2002 9020	06-04-2002 90201 042 ****50.00	
1. Entity Nam	ne					
K.	C. Property In	vestment L	, LC /			
	,		7			
	DO NOT WEITE	IN THE	SDACE			
	DO NOT WRITE		OFACE.			
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			_			
				DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE	
	,					
City & Stat		City & State		4. FEI Number	Applied For	
Dela		7:-		65-1045324	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	33-63			7. Name and Address of Current Registered		
			Name			
DO NOT WRITE			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
, IN THIS SPACE						
*	in inis si	TAUL				
			City	· FL	Zip Code	
8. The above	e named entity submits this statement i	or the purpose of changi	ig its registered unice of re	egistered agent, or both, in the State of Florida.		
SIGNATURE						
	Signature, typed or printed name of registered agent	l and litte if applicable.		DATE		
			FEE IS \$50.00			
		Make Chec	c Payable to Departmi	ent of State		
			DUE BY MAY 1			
9.	MANAGING MEMBERS/MANAGERS					
TITLE	MER		TITLE NAME		0//	
NAME STREET ADDRESS	KADRI, Jeffrey	<i>D</i> .	STREET ADDRESS.		7	
CITY-ST-ZIP	Delcay Bench El	27497	CETY SST-20P		CROFINAN (12)	
TITLE	mer		THLE		05	
NAME		A	NAME:		C	
STREET ADDRESS	Cobosco, Michael 54	× M	STREET ADDRESS			
CITY-ST-ZIP	Delray Beach, E	1 33483	Cea-21-96			
TITLE	\ \ \ \ \ \ \ \ \ \		JAE			
NAME STREET ADDRESS			NAME Street andress			
CITY-ST-ZIP		•	CHY-SI-2P	DO NOT WRI	TE	
TITLE		······································	TOLE	IN THE COA	_	
NAME			NAME	IN THIS SPAC	<i>,</i> E	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CHY-SI-DP			
TITLE			ħħĿ			
NAME CIDICI ADDRESS			NAME Street Address			
STREET ADDRESS CITY-ST-ZIP			CUA-21-35 24631 - WYWE 37			
TITLE			TITLE			
NAME.			NAME.			
STREET ADDRESS			STREET ADORESS			
CITY-ST-ZIP			CHY-ST-BP			
11. Thereby	certify that the information supplied wit	th this filing does not qual	ify for the exemption stated	d in Section 119.07(3)(i), Florida Statutes. I further cer as if made under oath; that I am a managing membe	tify that the information	
limited lia	on this report is true and accurate and about the spility company or the receiver or truste	ee empewered to execute	this report as required by	Chapter 608, Florida Statutes.	nanager of the	

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE