LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2002 8:00 am Secretary of State

05-12-2002 90593 004 ****50.00

DOCUMENT # L00000015279 1. Entity Name Kelco Association MANAgement, LLO

DO NOT WRITE IN THIS SPACE			958096
2. Principal Place of Business 2000 S.Commerce	PKWAY 3. Mailing Address	<u></u>	
Suite, Apt. #. etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
Weston, FL	City & State		4 FFI No.
Zip	Zip	Country	65-/062729 Not Applicable
28331			5. Certificate of Status Desired 55.00 Additional Fee Required
1	T WRITE S SPACE	20	7. Name and Address of Current Registered Agent 2/e y D, SLAY ass (P.O. Box Number is Not Acceptable) 5. Commerce PKWAY, 5+e 3/3
The above named entity submits this standard standard entity submits this standard entity submits the standard entities and the standard entities the standa		g its registered office or regi	istered agent, or both, in the State of Florida.
9. MANAGINI	Make Check	FEE IS \$50.00 Payable to Departmen DUE BY MAY 1	it of State
NAME Kelley D. 5	LAY LETON Ct. L 33327 Spillett	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CRZE 0838 (12/01)
STREET ADDRESS OF DUNDAR CITY-ST-ZIP PAIN BC.	Circle Andens, FL33	NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>
NAME STREET ADDRESS CITY- ST- ZIP TITLE	-	NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
NAME TO STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
SIGNATURE: XM	lied with this filing does not qualify fate and that my signature shall have trustee empowered to execute this content to the	s report as required by Char SLIA X 4/10	6/02 954-384-2400