

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 08, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000015549**1. Entity Name
LORD AND KING REALTY, LLC

Principal Place of Business 390 BUSINESS PARKWAY, SUITE 2A ROYAL PALM BEACH FL 33411	Mailing Address P.O. BOX 210575 WEST PALM BEACH FL 334210575
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2. Principal Place of Business 390 BUSINESS PARKWAY, SUITE 2A	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State ROYAL PALM BEACH FL	City & State
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Zip 33411	Country	Zip	Country
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4. FEI Number 65-1066475	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KRASKER PAUL 625 NORTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH FL 33401 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE **05/08/2001**
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

9. MANAGING MEMBERS / MEMBERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COBB JOHNATHAN M P.O. BOX 210575 WEST PALM BEACH FL 334210575	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COBB JONATHAN M P.O. BOX 210575 WEST PALM BEACH FL 334210575	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Jonathan M. Cobb** MGR 05/08/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)