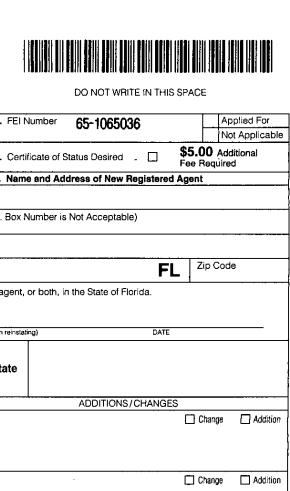
## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000015792

K.E. LANGFORD PARTNERS, LLC

	•
Principal Place of Business	Mailing Address
2665 SOUTH BAYSHORE DRIVE. PENTHOUSE 2A MIAMI FL 33133	2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2A MIAM! FL 33133
2. Principal Place of Business	3. Mailing Address

## FILED Apr 25, 2002 8:00 am Secretary of State 04-25-2002 90001 006 \*\*\*\* 50.00



WIRMITE SON			7,1091	MI 1 L 33130							
2 Principal P	Place of Busin	nace	3 /	failing Address							
Suite, Apt. #, etc. Suite, A			Suite, Apt. #, etc.		ļ	1 <b>38</b> 11 <b>0</b> 11 <b>81</b> 1 <b>88</b> 111 <b>88</b> 111 <b>88</b> 114 <b>88</b> 114 <b>8</b>	400 HIDD	<b>0</b>       1 <b>0  </b>     1	Bill 1(Bi 100)		
						DO NOT WRITE IN THIS SPACE					
			ty & State	& State		4. FEI 1	4. FEI Number 65-1065036 Applied Not App				
Zip		Country	Z	Zip Cour			5. Certi	5. Certificate of Status Desired _  \$5.00 Additional Fee Required			
	6. Name	and Address of Cui	rrent Regist	ered Agent			7. Nam	e and Address of New Registe	red Ago	ent	
						Name					}
Katz, ezra 2665 South Bayshore Drive, penthouse 2a			Street Address (P.O. Box Number is Not Acceptable)								
MIAMI FL 33133											
				City			FL	Zip Cod	e		
8. The above	named entity	y submits this stateme	ent for the pu	rpose of changing it	s register	ed office or r	egistered agent,	or both, in the State of Florida.			
SIGNATURE .	Signature typed	or printed name of registered	agent and title if	englicable (NO	TE: Basistara	d Agent cignature	e required when reinstat	ina) Di	ATE		
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9.	MBR	MANAGING ME	MBERS/MA		10.			ADDITIONS/CHAN		٦ ٥٠	
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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:

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE