

4/30

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90137 016 \*\*\*\*50.00

**DOCUMENT # L01000000295**

1. Entity Name

**THE 900 BUILDING PARTNERS LLC**

Principal Place of Business

C/O ROGER W. KELLOGG  
 1555 HOWELL BRANCH RD., STE. C-208  
 WINTER PARK FL 32789

Mailing Address

C/O ROGER W. KELLOGG  
 1555 HOWELL BRANCH RD., STE. C-208  
 WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3689204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

KELLOGG, ROGER W  
 1555 HOWELL BRANCH RD., STE. C-208  
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
 NAME **P ROGER W. KELLOGG**  
 STREET ADDRESS **1555 HOWELL BR. RD C208**  
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Delete  
 NAME **S JOHN C. MITCHELL**  
 STREET ADDRESS **143 N. KILLARNEY DR**  
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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:

*ROGER W. KELLOGG*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/17/02

Daytime Phone #

407-644-2012

CR2E083 (9/01)