

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0002190

DOCUMENT # L01000001295

1. Entity Name
KALJON FLORIDA, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 21 PM 2:10

EL
1/21

2003

Principal Place of Business
**1000 PARKVIEW DRIVE
SUITE 1018
HALLANDDALE FL 33009**

Mailing Address
**1000 PARKVIEW DRIVE
SUITE 1018
HALLANDDALE FL 33009**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **25-1825355** Applied For
Not Applicable



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired \$5.00 Additional Fee Required

**MEYER, WILLIAM J
1000 PARKVIEW DRIVE
SUITE 1018
HALLANDDALE FL 33009**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME **MGRM MEYER, WILLIAM J** Delete
STREET ADDRESS **1000 PARKVIEW DRIVE**
CITY-ST-ZIP **HALLANDDALE FL 33009**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/14/02

CR2E083 (10/02)