

10/2

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000001884

1. Entity Name

KALLINS PROPERTIES, LLC

FILED

02 OCT 22 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

349 - 22ND ST CT NE

Suite, Apt. #, etc.

3. Mailing Address

349 - 22ND ST CT NE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BRADENTON, FL

City & State
BRADENTON, FL

4. FEI Number

56-2282672

Applied For

Not Applicable

Zip
34208

Country
USA

Zip
34208

Country
USA

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN V. QUINLAN

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

601 12TH STREET WEST

City

BRADENTON

FL

Zip Code
34205

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
MGRM
MARC S. KALLINS
STREET ADDRESS
CITY-ST-ZIP
349 - 22ND STREET COURT NE
BRADENTON, FL 34208

TITLE
NAME
MGRM
DEBRA J. KALLINS
STREET ADDRESS
CITY-ST-ZIP
349 - 22ND STREET COURT NE
BRADENTON, FL 34208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000008498690--
-10/22/02--01010--001
*****50.00 *****50.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10-15-02

Date

Daytime Phone #

CR2E083B(12/01)

2 of 2

**MARC S. KALLINS
KALLINS PROPERTIES LLC
349 - 22nd STREET COURT NE
BRADENTON, FL 34208**

October 10, 2002

Division of Corporations
P. O. Box 6478
Tallahassee, FL 32314

RE: Limited Liability Company Uniform Business Report

During the preparation of my Individual Income Tax Return, it was brought to my attention that I had not filed the Limited Liability Company Uniform Business Report for Kallins Properties LLC. I did not receive the form because of my change of address.

Enclosed please the Limited Liability Company Uniform Business Report for Kallins Properties, LLC and a check in the amount of \$50. Please note that I have noted the correct address on the form.

Also, please use this letter as your authorization and instruction to release information regarding this to my CPA. Their address is as follows:

Stam W. Stathis, CPA
CPA Associates
1301 Sixth Ave. West, Suite 600
Bradenton, FL 34205
Phone Number: (941)747-4483
Fax Number: (941)748-4868

I respectfully request that you accept the \$50 fee and the above explanation as reasonable cause to reinstate Kallins Properties, LLC. Thank you for your assistance.

Sincerely,



Marc S. Kallins