Applied For

\$5.00 Additional

Fee Required

FI Zip Code

Not Applicable

## 2002-2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # ()()()() 0 75

KBR INVESTMENTS, LLC

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

## J

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

		600015032126   04/01/0301056026 **105.00
Principal Place of Business 735 W. YALE ST. ORLANDO, FL.	3. Mailing Address 735 WEST YALE STREET	1
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE

USA

DO	NOT	WRITE
IN	THIS	SPACE

U SA

7. Name and Address of Current Registered Agent						
Name B ≰ C	CORPORATE	SERVICES OF CENTRAL	FL			
Street Address (	P.O. Box Number is Not	Acceptable)				

4. FEI Number

APPLIED FOR

5. Certificate of Status Desired

	1		<i></i>	
. The above named entity/submits this state	ment for the purpose of changing its	registered office or registered	agent, or both, in the State of Florid	da. I am familiar with, and acce
the obligations of registered agent	1			
Villalla	// .	11-11-12	242	12.62
IGNATURE / MAY Y	with the same of t	KELLY L.	PARKER 3	126103
Sidealife baned or refreed frome of renue	ered agent and title it applicable			DATE

SIGNATURE

City & State

ORLANDO

FÉE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** 

MANAGING MEMBERS/MANAGERS 9. MERM CR2E083B (12/02) TITLE TITLE WILLIAM M. HARDMAN, JR. 735 WEST YALE STREET NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32804 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED

03 APR - 1 AM 9: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 25, 2003

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: KBR Investments, LLC

Dear Sirs,

I have not received the proper forms that were mailed out from your office. The P.O. Box that is on record for my company belongs to a large Law firm and the attorney that set up my corporation no longer works there. Nothing was ever forwarded to me and I was not aware that any forms or monies were due.

I have attached the completed reinstatement form and enclosed a check for \$105.00 to cover the fee for 2002 and 2003, as well as a Certificate of Status. The form is signed by me as the Managing Member and by Kelly Parker as the Registered Agent. Please contact me at 407-418-5006 if you should have any questions. Now that the address is correct, I should not have any more problems in the future.

Thank you in advance for your assistance with this urgent matter.

Kind Regards,

William M. Hardman, Jr. 735 W. Yale Street

Modmanfi

Orlando, FL 32804

407-418-5006