

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90756 049 \*\*\*\*50.00

0023786

**DOCUMENT # L01000008828**

1. Entity Name  
**KSJR, LLC**



Principal Place of Business Mailing Address  
2601 EAST OAKLAND PARK BLVD. 2601 EAST OAKLAND PARK BLVD.  
SUITE 608 SUITE 608  
FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306

2. Principal Place of Business 3. Mailing Address  
**3900 SW 30 AVENUE** **3900 SW 30 AVENUE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**#3** **#3**

City & State City & State  
**Fort Lauderdale FL** **Fort Lauderdale FL**  
Zip Country Zip Country  
**33312** **USA** **33312** **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1109103** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**VALDES-FAULI CORPORATE SERVICES, INC.**  
**500 E. BROWARD BLVD.**  
**SUITE 1400**  
**FT. LAUDERDALE FL 33394**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>RICHARDSON, KENNETH E</b> <del>2601 EAST OAKLAND PARK BLVD.</del> <del>FT. LAUDERDALE FL 33306</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3900 SW 30 AVENUE, STE. 3</b> <b>FT. LAUDERDALE, FL 33312</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>JAMES CARLSON</b> <b>5 PALMVIEW LANE</b> <b>Fort Lauderdale, FL 33301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kosanu Cas* **4-30-03** **954-524-2989**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)