

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

DOCUMENT # L01000008828

1. Entity Name

KSJR, LLC



Principal Place of Business

2601 EAST OAKLAND PARK BLVD.
SUITE 608
FT. LAUDERDALE FL 33306

Mailing Address

2601 EAST OAKLAND PARK BLVD.
SUITE 608
FT. LAUDERDALE FL 33306

2. Principal Place of Business

3900 SW 30 Avenue

3. Mailing Address

3900 SW 30 Avenue

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33312

Country

USA

Zip

33312

Country

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

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

TITLE NAME ☐ Delete
MGR RICHARDSON, KENNETH E
STREET ADDRESS **2601 EAST OAKLAND PARK BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS **3900 SW 30 AVENUE, STE. 3**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS **MGR JAMES CARLSON**
CITY-ST-ZIP **5 PALMVIEW ISLE**
Fort Lauderdale, FL 33301

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

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

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

TITLE NAME ☐ Change ☐ Addition
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: *Kenneth E. Richardson*

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

Date

Daytime Phone #

4-30-03

954-524-2989

CR2E083 (10/02)