

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

06-10-2002 90465 028 ****50.00

DOCUMENT # L01000009365

1. Entry Name

J.C. KEAVNEY ARCHITECTURE AND PLANNING, L.L.C.

Principal Place of Business

2934 SW 22ND CIR
 UNIT B
 DELRAY BEACH FL 33445

Mailing Address

2934 SW 22ND CIR
 UNIT B
 DELRAY BEACH FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1116550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAYMOND, JOHN J JR
 BUTZEL LONG
 1200 N FEDERAL HWY SUITE 420
 BOCA RATON FL 33432

Name **JAMES C. KEAVNEY SR.**

Street Address (P.O. Box Number is Not Acceptable)
8600 S. OCEAN DRIVE #703

City **JENSEN BEACH**

FL

Zip Code **34957**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **KEAVNEY, JAMES C**
 STREET ADDRESS **2934 SW 22ND CIR UNIT B**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE **TREASURER** ☐ Delete
 NAME **JAMES C. KEAVNEY SR.**
 STREET ADDRESS **8600 S OCEAN DRIVE #703**
 CITY-ST-ZIP **JENSEN-BEACH, FL 34957**

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

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

06/05/02 828 743 0103

Date

Daytime Phone #

CR2E083 (9/01)