LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2002 8:00 am Secretary of State

DOCUMENT # LO1000010017				Secretary of State	
1. Entity Nam		20.0011		04-30-2002 90136 028 ****50.00	
KE	NT ENTERPRI	ses, LLC	7		
-				947773	
	DO NOT WRITE	IN THIS SP	ACE		
	N. STATERS 7	3. Mailing Address 2046 SW H	appld		
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Stat	المحمد الم	Sity & State	L EL	4. FEI Number Applied For	
_Zip	Country	Zip 1000	Country SA	5. Certificate of Status Desired 5.00 Additional	
3302	QI USA	34990	02 1	7. Name and Address of Current Registered Agent	
		ريم النواريون - اليهيميميية الن 1,5 ريق الريار 	Name UA	MICHAEL BRINKLEY ESQ	
	DO NOT W	RITE	Street Address	s (P.O. Box Number is Not Ageontable) #1900	
	IN THIS SP	ACE	200	LAS COAS OCUDA : 100	
ė)			City	LANDERDALE FL 33301	
	named entity submits this statement fo	r the purpose of changing its re	egistered office or regist	tered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.		DATE	
		i i	EE IS \$50.00 able to Department	of State	
			JE BY MAY 1	or other	
9.	MANAGING MEMBE				
TITLE NAME	MANAGING MB		TITLE NAME		
STREET ADDRESS	4756 114TH LAN	E	STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS I	-L 33063	CITY-ST-ZIP		
TITLE NAME	MICHAEL R. KE		TITLE NAME		
STREET ADDRESS	21640 CARTAGE	NA DR	STREET ADDRESS		
CITY-ST-ZIP	BOCA KATON F	- <u>L 33428</u>	CITY-ST-ZIP		
TITLE NAME			TITLE NAME		
STREET ADDRESS			STREET ADDRESS	DO NOT WRITE	
CITY-ST-ZIP TITLE			CITY-ST-ZIP		
NAME			NAME	IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE			TITLE		
NAME		Λ	NAME		
STREET ADDRESS CITY-ST-ZIP		//	STREET ADDRESS CHY-SI-ZIP		
11. I hereby	certify that the information supplied with	this filing abes not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under path, that Lam a managing member or manager of the	

indicated on this report is true and accurate and that my storeture strail 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 employed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

X 4/14/02

754-964-1118