May 12, 2002 8:00 am Secretary of State 05-12-2002 90590 035 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

L01000010276

DOCUMENT #

KALAKOTA INVESTMENTS, LLC

Principal Place of Business 207 PARK PLACE BLVD., STE. 4 Mailing Address

207 PARK PLACE BLVD. STE 4

| KISSIMMEE FL 34741 | | KISSIMMEE FL 34741 | | | | | | | |
|---------------------------------|--|----------------------------------|-------------------------------|----------------------------|---------------------------------|---------------------------|---------------------------|-----------------------------------|----------------|
| | | | | | Dirini dir adını ildir bili der | | lik da ire kieni k | 1 2013 3 121 (2 4 1 | |
| 2. Principal F | Place of Business | 3. Mailing Address | 3. Mailing Address | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & Stat | е | City & State | | 4. FEI Number 59 336 8006 | | <u> </u> | Applied For | | |
| Zip | Country | Zip | Country | • | cate of Status Desired | | 55.00 Add | ot Applicable | 1 |
| · | 6. Name and Address of Curren | t Registered Agent | <u> </u> | 7. Name | and Address of New F | | | | 4 |
| _ | | | Name | | | | york | | 7 |
| | CK, JAMES J 7 EDGEWATER DR. | | Street Add | ress (P.O. Box No | ımber is Not Acceptable | ∍) | · - · , . | | |
| ORL | ANDO FL 32804 | | | | | | · | | - |
| | | | City | | | FL | Zip Cod | е | |
| 8. The above | named entity submits this statement f | or the purpose of changing its | registered office or re | gistered agent, o | r both, in the State of Flo | orida. | | Barray. | 1 |
| SIGNATURE _ | | | | | | | , | | |
| | Signature, typed or printed name of registered agen | t and title if applicable. (NOTE | Registered Agent signature r | equired when reinstating |)) | DATE | | | |
| | | | OW!!! FEE IS \$50 | | | | | | |
| | | | yable to Departme | ent of State | | | | | |
| | | Due | By May 1, 2002 | | | | | | 1 |
| 9. | MANAGING MEMB | ERS/MANAGERS | 10. | | ADDITIONS/ | CHANGES | | | 1_ |
| TITLE | KALAKOTA . 1 | M PRESIDEN | TITLE NAME | - | | | ☐ Change | Addition | CR2E083 (9/01) |
| STREET ADDRESS | 8736 SOUTHE | RN BREEZE DR | STREET ADDRESS | | | | | | 8 |
| CITY-ST-ZIP | 8736 SOUTHE | EL 32836 | CITY-ST-ZIP | | | | | | Ü |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | Addition | 18 |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition | 1 |
| NAME STREET ADDRESS | and the second s | . <u>.</u> | NAME STREET ADDRESS | • === | taga taan leega | - | - - | | Ι. |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | Addition | 1 |
| NAME Street address | | | NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | Change | Addition | |
| NAME | | . • | NAME | | | | | | |
| STREET ADDRESS (CITY-ST-ZIP | | • | STREET ADDRESS | | | | | | |
| 011 01 211 | | | CITY-ST-ZIP | | | | | | l |

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

| SIGNATURE: | | | | |
|------------|-----|-----|-------|-----|
| | SIG | NΔ. | TI II | DE: |

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED

☐ Delete

Daytime Phone #

☐ Change

Addition