LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010356 1. Entity Name T & K LAND INVESTORS, L.L.C. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 398 N.E. 6TH AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State DELRAY BEACH, FL City & State Applied For 4. FEI Number 651126563 Not Applicable Country **US** Zip 33483 Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name CORPDIRECT AGENTS, INC. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 103 N. MERIDIAN STREET City TALLAHASSEE 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, typed or printed name of registered agent and title if applicable FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** 9. MANAGING MEMBERS/MANAGERS TITLE CR2E083B (12/02) TITLE MGRM - KEVIN RICKARD, 398 N.E. 6TH NAME NAME AVE., DELRAY BEACH, FL 33483 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE MGRM - TIM HERNANEZ, 398 N.E. 6TH NAME NAME AVE., DELRAY BEACH, FL 33483 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S%-ZIP TITLE V TITLE NAME : NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplies that 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.

Authorized Rep.

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11-20-03

Daytime Phone #

Date