

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL 17 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000010390
1. Entity Name
KARR PROPERTIES, LLC

DO NOT WRITE IN THIS SPACE

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-07/23/02--01018--027
*****55.00 *****55.00

2. Principal Place of Business
527 Main Street
Suite, Apt. #, etc.

3. Mailing Address
527 Main Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Windermere, Florida

City & State
Windermere, Florida

4. FEI Number
59-3727563
Applied For
Not Applicable

Zip
34786

Country
USA

Zip
34786

Country
USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Suzi Karr
Street Address (P.O. Box Number is Not Acceptable)
527 Main Street
City
Windermere FL Zip Code 34786

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE *Msy*
NAME
Suzi Karr
STREET ADDRESS
527 Main Street
CITY - ST - ZIP
Windermere, FL 34786

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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: _____ Date 7/11/02 (407)876-3688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/01)