
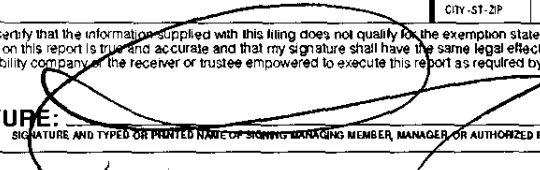


**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

10102653

<b>DOCUMENT # L01000010390</b>			
1. Entity Name <b>KARR PROPERTIES, LLC</b>			
Principal Place of Business <b>527 MAIN STREET WINDERMERE, FL 34786</b>		Mailing Address <b>P.O. BOX 667 WINDERMERE, FL 34786</b>	
2. Principal Place of Business <b>8815 Conroy Windermere Rd Suite 180</b>		3. Mailing Address <b>8815 Conroy Windermere Rd Suite, Apt. #, etc. # 180</b>	
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>	
Zip <b>32835</b>		Country <b>USA</b>	
4. FEI Number <b>59-3727563</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		7. Name and Address of New Registered Agent	
Name and Address of Current Registered Agent <b>KARR, SUZI 527 MAIN STREET WINDERMERE, FL 34786</b>		Name <b>8815 Conroy Windermere Rd Suite 180 Orlando FL 32835</b>	
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		DATE	
<p><b>FILE NOW!!! FEE IS \$50.00</b>                  Make Check Payable to Florida Department of State                  Due By May 1, 2003</p>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KARR, SUZIE 527 MAIN STREET WINDERMERE, FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr Karr, Suzie 8815 Conroy Windermere Rd Suite 180 Orlando FL 32835
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <b>4/30/3 (407) 876-3688</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CR125083 (10/02)