

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000011205

FILED  
Mar 07, 2002 8:00 AM  
Secretary of State

**Entity Name:** LEVY KNEEN MARIANI PROFESSIONAL LIMITED COMPANY

**Current Principal Place of Business:**

1400 CENTREPARK BOULEVARD, SUITE 1000  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1400 CENTREPARK BOULEVARD, SUITE 1000  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 65-1137747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KNEEN, JEFFREY D  
1400 CENTREPARK BOULEVARD, SUITE 1000  
WEST PALM BEACH, FL 33401

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: KNEEN, JEFFREY D  
Address: 1400 CENTREPARK BOULEVARD, SUITE 1000  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGRM ( ) Change (X) Addition  
Name: MARIANI, JOHN F  
Address: 1400 CENTREPARK BOULEVARD, SUITE 1000  
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JEFFREY D. KNEEN

MGRM

03/07/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date