

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90266 005 \*\*\*\*50.00

DOCUMENT # LO/000011580

1. Entity Name

Kayla Associates III, LLC

Principal Place of Business

Mailing Address

46 Rosen Development Group LLC  
550 Mamaroneck Ave.  
Harrison NY 10528

2. Principal Place of Business

3. Mailing Address

2750 Avenida Del Vera

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. Ft Myers Fla.

Zip

Country

Zip

33917

Country

4. FEI Number

58-2640331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Callahan, W. Scott Esq.  
Storey & Callahan, P.A.  
37 N. Orange Ave., Ste. 200  
Orlando FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

10. Amount of Capital Contributions  
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # MGRM  
 NAME Rosen, Michael E.  
 STREET ADDRESS 2250 Avenida Del Vera  
 CITY-ST-ZIP N. Ft. Myers FL 33917

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/02

Date

(941) 731-4538

Daytime Phone #

CR2F003 (9/99)