

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90587 001 ***330.00

DOCUMENT # L01000013889

1. Entity Name

LANA T, LLC



Principal Place of Business

1555 PALM BEACH LAKES BLVD. SUITE 1208
 WEST PALM BEACH FL 33401

Mailing Address

1555 PALM BEACH LAKES BLVD. SUITE 1208
 WEST PALM BEACH FL 33401

2. Principal Place of Business

500 AUSTRALIAN AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 120

City & State

WEST PALM BEACH

City & State

Zip

Country

Zip

Country

FL

USA

4. FEI Number

59-6785642

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KAHLERT, HERBERT F
 1555 PALM BEACH LAKES BLVD, SUITE 1208
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

KAHLERT, HERBERT F

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

500 AUSTRALIAN AVE

SUITE 120

City

WEST PALM BCH

FL

Zip Code

33401

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

MAILING ADDRESS ONLY CHANGED

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE PD
 NAME KAHLERT, HERBERT F
 STREET ADDRESS 180 PERIWINKLE DR.
 CITY-ST-ZIP HYDOLUXO, FL 33462

☐ Delete

TITLE VD
 NAME KAHLERT, KARL
 STREET ADDRESS 732-2 N.E. 12TH TERR.
 CITY-ST-ZIP BOYNTON BCH, FL 33435

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CR2E083 (9/01)

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: *[Signature]* REQUIRED

4-2-2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #