

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-28-2002 90590 001 \*\*\*220.00

**DOCUMENT # L01000013899**

1. Entity Name

LANA E, 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

500 AUSTRALIAN AVE

Suite, Apt. #, etc.

SUITE 120

Suite, Apt. #, etc.

SUITE 120

City & State

WEST PALM BCH, FL

City & State

WEST PALM BCH, FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. FEI Number

65-6211119

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, Apt. #, etc.

SUITE 120

City

WEST PALM BCH.

State

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 ☐ Delete  
STREET ADDRESS 180 PERIWINKLE DR.  
CITY-ST-ZIP HYPOLEXO, FL 33462

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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]

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

Date

Daytime Phone #

CR2E083 (9/01)