

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90588 032 \*\*\*\*55.00

**DOCUMENT # L01000020413**

1. Entity Name

**LANA C. KEETON, L.L.C.**

Principal Place of Business

**1 CENTURY LANE  
 SUITE 301  
 MIAMI BEACH FL 33139**

Mailing Address

**1 CENTURY LANE  
 SUITE 301  
 MIAMI BEACH FL 33139**

99.00

2. Principal Place of Business

**1 CENTURY LANE**

3. Mailing Address

**1 CENTURY LANE**

Suite, Apt. #, etc.

**#301**

Suite, Apt. #, etc.

**#301**

City & State

**MIAMI BEACH**

City & State

**MIAMI BEACH**

Zip

**33139**

Country

**USA**

Zip

**33139**

Country

**USA**

4. FEI Number

**364 483 326**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOLLINGER HUNT, CHRISTINE  
 1830 MERIDIAN AVE., 704  
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

**SAME**

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

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

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**MGRM**  
**LANA C KEETON**  
**ONE CENTURY LANE # 301**  
**MIAMI BEACH FL 33139**

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: *Lana C Keeton*

**4-27-02**

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

Date

Daytime Phone #