

2002

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90167 027 ****50.00

DOCUMENT #

L01000021201

1. Entity Name

KW PROPERTIES, LLC

DO NOT WRITE IN THIS SPACE

B0049574

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3033 Riviera Drive

3. Mailing Address

3033 Riviera Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

Suite 201

City & State

City & State

Naples, Florida

Naples, Florida

4. FEI Number

04-3589297

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

David G. Budd

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

3033 Riviera Drive

Suite 201

City

Naples

FL

Zip Code
34103

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Operating Manager/Treasurer
Sheldon W. Starman
4099 Tamiami Trail North, Suite 400
Naples, Florida 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Assistant Operating Manager/Secretary
David G. Budd
3033 Riviera Drive, Suite 201
Naples, Florida 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:

David G. Budd

3/12/02

(941) 263-7700

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

DAVID G. BUDD, ASSISTANT OPERATING MANAGER

Date

Daytime Phone #

CR2E083B (12/01)