LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90592 007 ****50.00

DOCUMENT # L01000022564

1. Entity Name

4711 BABCOCK STREET, LLC

558644

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Detlef G. Lehnardt	c/o Detlef G. Lehnardt
Suite, Apt. #, etc.: 20 Westwoods Drive	Suite, Apt. #, etc.: 20 Westwoods Drive
City & State: Liberty, MO	City & State: Liberty, MO
Zip: 64068 Country: USA	Zip: 64068 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0560907 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee **FL** Zip Code: 32301-2525

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

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	Managing Member Ilse Grossmann-Jahn 20 Westwoods Drive ~~Liberty, MO 64068~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/01)

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: By: Detlef G. Lehnardt, Assistant Secretary 4/23/02 816-407-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Detlef G. Lehnardt