## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 21, 2003 8:00 am Secretary of State

DOCUMENT # L0200000575  1. Entity Name KIRKMAN PROPERTIES, LLC						04-03-2003 900	013 008 ***	*55.00	
Principal Place of Business 6703 MOTT AVENUE ORLANDO FL 32810		Mailing Address 6703 MOTT AVENUE ORLANDO FL 32810	6703 MOTT AVENUE						
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>	-	CHECK HERE IF MA	KING CHANGE	s	
City & State		City & State						Applied For	<u>-</u>
Zip Country		Zip	Count		5. Certificate of Status Desired		ČE AO	dditional	<del>-</del>
	. 5. Name and Address of Curren	rt Registered Agent			7Name a	nd Address of New Registe	ered Agent		]
BASS	S, MICAH	دایند د بروی می <del>ندر بروانداند کید</del>	غــــــــــــــــــــــــــــــــــ				ي خد دوسوسات		
6703 MOTT AVENUE		•	[	Street Address	(P.O. Box Num	iber is Not Acceptable)			]
ORLANDO FL 32810									]
·			l	City		······································	FL Zip Co	de	1
	named entity submits this statement	for the purpose of changing	its registere	d office or registe	ered agent, or b	ooth, in the State of Florida.	I am familiar with	, and accept	1
the obligat	ions of registered agent.						•		
SIGNATURE .	Signature, typed or printed name of registered ege	nt and title if applicable. (N	OTE: Registered	Agent signature rectuirs	d when reinstating)	D	ATE		╛
n <b>4</b> 1	*** · * · · · · · · · · · · · · · · · ·	FILE	NOW!! -F	EE IS \$50.00	ے یہ میخواسینہ	سيستون وارزم بها مشيسق ديد	المراز الواحي المواجع		7
	•	Make Check Pays	eble to Flo Due By Ma	-	ent of State	,			
9.	MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS/CHAN	IGES		]ू
NAME STREET ADDRESS	MGRM BASS, MICAH 6703 MOTT AVENUE	C Delete		ET ADDRESS			☐ Change	☐ Addition	CR2E083 (10/02)
CITY-ST-ZIP	ORLANDO FL 32810	<u> </u>		ST-ZIP			F) 0	- I deliber	ᅵ낊
NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASS, ROSEMIN 6703 MOTT AVENUE ORLANDO FL 32810	C) Delete					[] Change	☐ Addition	5
TITLE	018410012 02010	☐ Delete	TITLE				☐ Change	Addition	1
- NAME STREET ADDRESS CITY-ST-ZIP			STREE	T ADDRESS ST-ZIP	<del> </del>				-
-TITLE NAME STREET ADDRESS CITY-ST-ZIP		بيد Delete المارية والمارية و	NAME STREE			STATES OF STATES OF	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZEP	•	☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ETTLE NAME STREE CITY-S	T ADDRESS			Change	☐ Addition	
indicated	ertity that the information supplied with on this report is true and accurate and initity company or the receiver or trusted the company of the receiver or trusted the company of the receiver or trusted the company of the receiver of trusted the company of the receiver of the company of the	d that my signature shall have emproved to exceeds	re the same is report as	legal effect as if required by Chap	nade under oa ter 608, Florida	th: tiliat i am a managing me	r certify that the ember or manage	information er of the	