


FILED
May 05, 2003 8:00 am
Secretary of State

04-10-2003 90020 050 ****50.00

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

| | |
|--|---|
| DOCUMENT # L02000007615 1. Entity Name KEMPTON ENTERPRISES LLC |  |
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55035982

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| Principal Place of Business 8100 NW 15TH PLACE GAINESVILLE FL 32606 | Mailing Address 8100 NW 15TH PLACE GAINESVILLE FL 32606 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |
| | USA |


| | |
|---|--------------------------------|
| 4. FEI Number 41-2045368 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |



☐ CHECK HERE IF MAKING CHANGES

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| 6. Name and Address of Current Registered Agent KNELLINGER, RICHARD M 2815 NW 13TH STREET, SUITE 305 GAINESVILLE FL 32609-2865 |
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| 7. Name and Address of New Registered Agent Name Shari Kempton Street Address (P.O. Box Number is Not Acceptable) 8100 NW 15 PL GAINESVILLE, FL 32606 City FL Zip Code |
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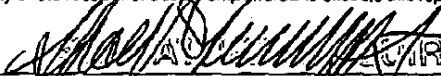
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 2/4/03 <small>(NOTE: Registered Agent signature required when re-registering)</small> |
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| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 |
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| 9. MANAGING MEMBERS / MANAGERS | |
|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| Pres Jeff Kempton 8100 NW 15 PL GAINESVILLE FL 32606 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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|---|---|
| SIGNATURE:  SHARI KEMPTON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | Date 2/4/03 352-331-0024 Daytime Phone # 412 |
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CR2E083 (10/02)