Jun 23, 2003 8:00 am

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

SIGNATURE

## **Secretary of State** DOCUMENT # L02000010849 06-23-2003 90001 048 \*\*\*\*55.00 KILPATRICK CONSTRUCTION, LLC Principal Place of Business Mailing Address 1279 N.E. 40TH PLACE 1279 N.E. 40TH PLACE FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address 1279 NE 404 Plac 4811 NG 13th Tex Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Herre City & State 4. FEI Number Applied For 77-0592277 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Browned. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KILPATRICK, KENNETH ----Street Address (P.O. Box Number is Not Acceptable) 4811 N.E. 13TH TERRACE FORT LAUDERDALE FL 33334 City 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. 1 am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Fiorida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 9 10. ADDITIONS/CHANGES OUTUR-MGRM+ MGR. TITLE ☐ Delete Kenneth Kibatride 4911 NE 13th Tenan NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TUTLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE