

FILED
Jun 04, 2003 8:00 am
Secretary of State

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04/28/2003 16:48 9549288561

TOWER FIVE

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

44003251

DOCUMENT # L02000017018			
1. Entity Name PKO, LLC			
Principal Place of Business 400 LESUE DRIVE HALLANDALE, FL 33009		Mailing Address 400 LESUE DRIVE HALLANDALE, FL 33009	
1605 ISLAND WAY		1605 Island Way	
Weston, FL		Weston, FL	
33326		33326	
		☒ CHECK HERE IF MAKING CHANGES	
A. FEI Number 22-3858665		Applied For ☐ Not Applicable	
B. Certificate of Status Desired ☐		Fee Required ☐	
7. Name and Address of New Registered Agent			
WLOPOMY, PETER 400 LESUE DRIVE HALLANDALE, FL 33009		NAME DAVID WLOPOMY Street 1815 Griffin Road, Suite 301 Dania Beach, FL 33433 City FL Zip Code 33433	
A. The above named entity, by signing 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 4/28/03	
8. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
		MEMBER MANAGING MEMBER PETER WLOPOMY 1815 Griffin Road, Suite 301 Dania Beach, FL 33433	☐ Change ☐ Addition
		MANAGING MEMBER DAVID WLOPOMY 1605 Island Way Weston, FL 33326	☐ Change ☒ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(2)(D), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that the signature shall have the same legal effect as if made under oath. 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 889, Florida Statutes.			
SIGNATURE: 		DATE: 4/28/03	
MANAGING MEMBER		MANAGING MEMBER	
DAVID WLOPOMY		9549288561	