


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

FILED
May 22, 2003 8:00 am
Secretary of State

04-30-2003 90176 014 ****50.00

DOCUMENT # L02000022169

1. Entity Name
KARSAM PROPERTIES, LLC



Principal Place of Business
**240 SOUTH PARK CIRCLE EAST
ST. AUGUSTINE FL 32086
US**

Mailing Address
**240 SOUTH PARK CIRCLE EAST
ST. AUGUSTINE FL 32086
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

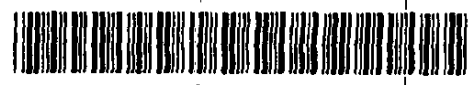
City & State
Zip Country

4. FEI Number
82-0563500

Applied For
Not Applicable

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

44002114



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MARATHE, SHRIRAM S
240 SOUTH PARK CIRCLE EAST
ST. AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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Handwritten in 10. ADDITIONS/CHANGES:
MEMBER
SHRIRAM S. MARATHE
240 SOUTH PARK CIRCLE E.
ST. AUGUSTINE, FL 32086

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:  **SIGNATURE REQUIRED**

Date: **4-28-03** Daytime Phone #: **904-347-3434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)