
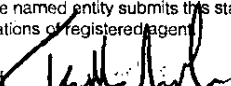
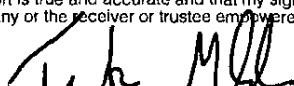


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91001 024 ****50.00

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

| | | | |
|---|--|---|--|
| DOCUMENT # 202000024764 | |  | |
| 1. Entity Name Kilam LLC | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 1810 N Semoran Blvd Suite, Apt. #, etc. | | 3. Mailing Address 1810 N Semoran Blvd Suite, Apt. #, etc. | |
| City & State Winter Park, FL | | City & State Winter Park, FL | |
| Zip 32792 | | Country | |
| Zip 32792 | | Country | |
| 4. FEI Number 37-144-3016 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent | | | |
| Name Tariq Malik | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1810 N Semoran Blvd | | | |
| City Winter Park FL Zip Code 32792 | | | |
| 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 4-24-03 | |
| Signature, typed or printed name of registered agent and title if applicable. | | DATE | |
| FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| P Tariq Malik 1810 N Semoran Blvd Winter Park, FL 32792 | | | |
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| DO NOT WRITE IN THIS SPACE | | | |
| 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  | | DATE 4-24-03 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |

CR2E083B (12/02)