

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT L02000032845

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DOCUMENT # L02000032845

1. Entity Name
KADAM TWO, L.L.C.



Principal Place of Business
5532 INTERNATIONAL DRIVE
ORLANDO FL 32819

Mailing Address
5532 INTERNATIONAL DRIVE
ORLANDO FL 32819

2. Principal Place of Business
7618 HWY 192 WEST
Suite, Apt. #, etc.

3. Mailing Address
1055 JODI RIDGE CT.
Suite, Apt. #, etc.

City & State
KISSIMMEE, FL

City & State
KISSIMMEE, FL

Zip
34747

Country
OSCEOLA

Zip
34747

Country
OSCEOLA

FILED
03 DEC -2 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
KADAM, UDAY
5532 INTERNATIONAL DRIVE
ORLANDO FL 32819

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: Uday Kadam DATE: 11-25-03
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KADAM, UDAY 5532 INTERNATIONAL DRIVE ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200025165892 12/02/03--U1061--027 **155.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12/10/03 <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.

SIGNATURE: Uday Kadam 11-25-03 407-396-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)