

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032940

1. Entity Name

KENNEDY BUILDING ASSOCIATES, LLC



FILED

03 APR 16 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1010 Kennedy Dr.

Suite, Apt. #, etc.

4th Floor

3. Mailing Address

P.O. Box 5886

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Key West, FL

Zip

33040

Country

USA

Zip

33045

Country

USA

4. FEI Number

32-0066392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John Allison III

Street Address (P.O. Box Number is Not Acceptable)

100 S.E. 2nd Street

Suite 3350

City

Miami

FL

Zip Code

33131

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

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

Mr.
Pritam Singh
1010 Kennedy Drive, 4th Floor
Key West, FL 33040

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

700016117177
04/16/03--01052--004 **50.00

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Mr.
Lynn Kephart
404 Simonton Street
Key West, FL 33040

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Mr.
Deborah Flynn
3401 Flagler Street
Key West, FL 33050

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Mr.
Karin Headrick
1010 Kennedy Dr. 4th Floor
Key West, FL 33040

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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.

SIGNATURE:

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

Date

Daytime Phone #

2/16/03 305 296-5601

CR2E083B (12/02)