

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90005 004 ****50.00

DOCUMENT # L02000034274

1. Entity Name



GOPHER KNIGHT PROPERTIES, LLC

20026058

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2257 Wide Reach Dr

3. Mailing Address

P.O. Box 8450

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orange Park, FL

City & State

Orange Park, FL

4. FEI Number

81-0587069

Applied For

Not Applicable

Zip

32003

Country

Clay

Zip

32006

Country

Clay

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

David J. Klimisch

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

2257 Wide Reach Dr.

City

Orange Park,

FL

Zip Code

32003

**DO NOT WRITE
IN THIS SPACE**

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.

2-11-03

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

Manager
David J. Klimisch
2257 Wide Reach Dr.
Orange Park, FL 32003

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Manager
Thomas L. Klimisch
4077-73 Route de Palmas
San Diego, CA 92122

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

Signature, typed or printed name of signing managing member, manager, or authorized representative

2-11-03

904-651-3545

Date

Daytime Phone #

CR2E083B (12/02)