LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L02000035070 FILED 1. Entity Name KELCO LAKE CECILE, LLC 2003 APR 21 PM 3: 13 DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable Country 5/7 \$5.00 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 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. DATE FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 9. TITLE TITLE NAME MAME 200016376422 STREET ADDRESS STREET ADDRESS <u>04/21/03--01091--029</u> ******50.00 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MILE NAME NAME STREET ADDRESS STREET ADDRESS DO_NOT-WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP