

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90585 004 \*\*\*\*\*50.00

DOCUMENT # L02000035120

1. Entity Name\*

KOB PROPERTIES, LLC



**DO NOT WRITE IN THIS SPACE**

30067197

2. Principal Place of Business  
**411 Commercial Court**

3. Mailing Address  
**411 Commercial Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite E**

**Suite E**

City & State

City & State

**Venice, FL**

**Venice, FL**

Zip

Country

Zip

Country

**34292**

**USA**

**34292**

**USA**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**James H. Bingham**

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

**411 Commercial Ct., Suite E**

City

**Venice**

**FL**

Zip Code  
**34292**

**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

**James H. Bingham, Mgr**

**4/25/03**  
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  
**Mgr  
James H. Bingham  
411 Commercial Ct., Suite E  
Venice, FL 34292**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Mgr  
Robert Kurlander  
1333 S. University Dr., Ste.208  
Ft. Lauderdale, FL 33324**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Mgr  
Thomas E. Oakley  
101 ABC Road  
Lake Wales, FL 33853**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 #

**4/28/03 941-488-0270**

CR2E083B (12/02)