2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# L93000000455

Entity Name: KOMCOURT, L.C.

Current Principal Place of Business:

39 MILDRED DRIVE
FT. MYERS, FL 33901

New Principal Place of Business:

1423 SE 16TH PLACE
#105
CAPE CORAL, FL 339903876 US

Current Mailing Address:

39 MILDRED DRIVE
FT. MYERS, FL 33901

New Mailing Address:

1423 SE 16TH PLACE
#105
CAPE CORAL, FL 339903876 US

FEI Number: 65-0458285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COURTER, LOIS
39 MILDRED DRIVE
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

KOMONDOREA, STEVE
1423 SE 16TH PLACE
#105
CAPE CORAL, FL 339903786 US

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.

SIGNATURE: STEVE KOMONDOREA 04/30/2002
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: COURTER, LOIS
Address: 39 MILDRED DRIVE
City-St-Zip: FT. MYERS, FL 33908

Title: MGR (X) Delete
Name: KOMONDOREA, STEVE
Address: 1423 SE 16TH PLACE, SUITE 105
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KOMONDOREA, STEVE
Address: 1423 SE 16TH PLACE, SUITE 105
City-St-Zip: CAPE CORAL, FL 339903876 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEVE KOMONDOREA MGR 04/30/2002
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date