

2001 UNIFORM BUSINESS REPORT (UBR)

001/03

DOCUMENT # L94000000628
 1. Entity Name
 KB SOUTH, L.C.

FILED

01 JAN 24 AM 11:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 12095 NW 39TH ST. 12095 NW 39TH ST.
 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
 65-0538303 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 KNAUER, GILBERT
 12085-12095 N.W. 39TH ST.
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME MGR KNAUER, GILBERT STREET ADDRESS 16470 MADDALENA PL CITY-ST-ZIP DELBAY BEACH FL 33446	<input type="checkbox"/> Delete
TITLE NAME MEM BUELLER, ALAN STREET ADDRESS 6544 N.W. 39TH TERR. CITY-ST-ZIP BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE NAME MEM NEIDER, MICHAEL STREET ADDRESS 6434 N.W. 31ST WAY CITY-ST-ZIP BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003575705--8 -01/26/01--01012--022 *****50.00 <input type="checkbox"/> Change *****50.00 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gilbert KNAUER, Manager Date: 1/16/01 Daytime Phone #: 954 346 4900

CR2E083 (11/00)