## **2001 UNIFORM BUSINESS REPORT (UBR**

200 1	UNII	ONN BUS	IAE 22	MEPU	'NI	lonu	<u>'</u>							
DOCUMENT # L9500000743  1. Entity Name  KKJ PROPERTIES, L.C.								FILED						
			A 4 - 12 A -						OLFEE	315 P	M 8:	וכ		
Principal Place			Mailing Ad		/D				CCCDF	TARY	of ST	ATE		
800 S HARBO MELBOURNE		800 S HARBOR CITY BLVD MELBOURNE FL 32901					TATE AHASSEE, FLORIDA							
								ı					11 <b>286</b> 1131 1 <b>13</b> 1	
2. Principal Place of Business			3. Mailing Address					,	188(181) his iblet siil	II CEIRI BEIII C				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE						
City & State	^		City & S	tate				EELN	umber			I An	plied For	
Uity & State	<del>C</del>		Oily & O						59-33	36747		<del></del>		
Zip	Zip Country		Zip Cour			try	5. Certificate of Status Desired 55.00 Additional							
	6. Name	and Address of Current	Registered A	gent	<u> </u>	<u> </u>		. Name	and Address of	New Reg			<u> </u>	
or trains and control to the control of the control							Name .							
FALLACE, JAMES H						Street Add	Street Address (P.O. Box Number is Not Acceptable)							
1900 S. H							OI FEB IS AM 8: 57  SECRE TARY OF STALE TALLEAHASSEE, FLORIDA  DO NOT WRITE IN THIS SPACE  4. FEI Number 59-3336747   Applied For Manager of the land							
MELBOUR	RNE FL 329										1 7: 0-1			
					City	FL Zip Code								
8. The above	named entity	submits this statement fo	r the purpose	of changing its	registere	ed office or r	egistered a	agent, c	r both, in the Sta	te of Florid	a			
CIONATURE														
SIGNATURE _	Signature, typed	or printed name of registered agent :	and title if applicabl	e. (NOTI	E: Registere	d Agent signature	e required when	n reinstatir	g)		DATE			
				FILE N	OW!!!	FEE IS \$5	50.00							
i i			Ma					tate						
!		MANAGING MEMBI	TOC (MEMBE)		10.		<u> </u>		ADD	ITIONS ICL	ANIGES			
9. TITLE	MGR	MANAGING MEMBI	_N3/WILWIDE	Delete	TITLE		3 "			1110140701		Change	☐ Addition	
NAME	RATHMAN	N, JAMES T			NAM									
STREET ADDRESS CITY-ST-ZIP		rbor city blvd Ne fl 32901				ET ADDRESS   -ST-ZIP								
TITLE	WELDOOM	110 12 02001		☐ Delete	TITL							Change	Addition	
NAME					NAM									
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP								
TITLE			<u> </u>	☐ Delete	TITL		<u> </u>	· <u>·</u>	<del>1000</del>	<del>337</del> !	<del>99</del> 6	. Enange	Addition	
NAME					NAM	E	* .		~U∠ **	(7137U (米米米气)	. UU :	UC.5 ******   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ***   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 ****   100.5 *	2.57 0.00	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST- ZIP			-1-4		# 120121			
TITLE				☐ Delete	TITL					<del></del>		Change	☐ Addition	
NAME					NAM					•		•		
STREET ADDRESS						ET ADDRESS -ST-ZIP				i				
CITY-ST-ZIP				☐ Delete	TITE	-				_/_		Channe	Addition	
NAME				Delete	NAM				Λ					
STREET ADDRESS	100					ET ADDRESS -ST-ZIP			7	/				
CITY-ST-ZIP TITLE				☐ Delete	Tittal							Change	☐ Addition	
NAME		^		□ Delete	NAM	ŀ								
STREET ADDRESS		')				ET ADDRESS						•		
CITY-ST-ZIP	portify that the	information supplied with	this filing dos	es not qualify fo		-ST-ZIP	ed in Section	on 119 (	17(3)(i) Florida St	tatutes I fu	rther certi	fy that the in	nformation	
indicated	on this repor	t is true and <b>accurate</b> and	that my signa	ture shall have	the same	e legal effect	t as if made	ie under	oath; that I am a	a managing	g member	or manage	r of the	
; armed lia	.c.mry compan	, at the lower of trustee	Jinporteleu	SANGER			,	_55,110						
SIGNAT	IIRE	/ ZONCO AT	URE	BIEOU!	nel	5								
JIGITAL	SIGNATURE	ND TYPED OR PRINTED NAME O	F SIGNING MANA	GING MEMBER, MA			REPRESENTAT	TIVE	Date		Day	time Phone #		