2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000623

1. Entity Name

KENT DEVELOPMENT, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 12:00

Principal Place of Business	Mailing Address
% GEORGE MCCLURE ~~81 KING STREET, SUITE A~~ ST. AUGUSTINE ~~FL 32085~~	% ~~GEORGE MCCLURE~~ MAHESH B. PATEL ~~81 KING STREET, SUITE A~~ ~~ST. AUGUSTINE FL 32084-4382~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
170 MALAGA STREET	15 ALEDO COURT
Suite, Apt. #, etc.: SUITE A	Suite, Apt. #, etc.: —
City & State: ST. AUGUSTINE, FLORIDA	City & State: ST. AUGUSTINE, FLORIDA
Zip: 32084 Country: U.S.A	Zip: 32086 Country: U.S.A

4. FEI Number: 59-3511501 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCLURE, GEORGE M 81 KING STREET 170 MALAGA STREET SUITE A ST. AUGUSTINE FL ~~32085~~ 32084	Name Street Address (P.O. Box Number is Not Acceptable) N A 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: [signature] Patel MAHESH B. President. 15th JAN. 2000

Signature, typed or printed name of registered agent and title if applicable. (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			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PATEL, MAHESH B 20 VILLAGE LANE PALM COAST FL 32167-7365	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/CEO PATEL MAHESH B MGRM 15 ALEDO COURT ST. AUGUSTINE FL 32086	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT/TREASURER PATEL CHIRAG H MGR 15 ALEDO COURT ST. AUGUSTINE, FLORIDA 32086.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR KANTI B. THAKKAR MGR 15 ALEDO COURT ST. AUGUSTINE, FLORIDA 32086	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300003123493--0 -02/04/00--01004--003 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: SIGNATURE REQUIRED 18th JAN. 2000 1-904-797-9928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #