

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 26 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L96000000623

1. Entity Name
KENT DEVELOPMENT, L.C.

Principal Place of Business Mailing Address
170 MALAGA STREET, SUITE A 15 ALEDO COURT
ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32086

2. Principal Place of Business 3. Mailing Address
761 SHORES BOULEVARD
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
ST. AUGUSTINE FLORIDA 59-3511501 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional
32086 USA. Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MCCLURE, GEORGE M
170 MALAGA STREET, SUITE A
ST. AUGUSTINE FL 32084
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 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
200004191742--6
-05/09/01--01128--006
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, MAHESH B		NAME		
STREET ADDRESS	15 ALEDO COURT		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, CHIRAG		NAME		
STREET ADDRESS	15 ALEDO COURT		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAKKAR, KANTI B		NAME		
STREET ADDRESS	15 ALEDO COURT		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED 23rd April 2001 (904) 797-9928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)