


FILE NOW: Fee after May 1, will be \$588.75

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | FILED 97 FEB -5 PM 2:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1737 STATE ROAD 16 ST AUGUSTINE FL <i>MWB</i> | |
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | |
| 1. Name and Mailing Address of Limited Liability Company KANDECK PROPERTIES, L.C. 526 STOCKTON ST JACKSONVILLE FL 32204 | | DOCUMENT # L96000001094 | | |
| <small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small> | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 3. Date Organized or Qualified 10/17/1996 | | 3a. State of Formation FL | | |
| 4. FEI Number | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Date of Last Report | | 6. Certificate of Status Desired <input type="checkbox"/> Sub. to Additional Fee Requirement | | |
| 7. Name and Address of Current Registered Agent COLD, KATHLEEN H ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE FL 32202 | | 8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: right;">FL</div> | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | |
| SIGNATURE <i>Kathleen H. Cold</i> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small> | | DATE <i>2/2/97</i> | | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code | |
| MGR | KANTOR, STANLEY | 2523 EDISON AVE | JACKSONVILLE FL | |
| MGR | PAINTER, ROGER W | 526 STOCKTON STREET | JACKSONVILLE FL | |
| 300002081143--3 -02/07/97--01022--004 *****203.75 *****203.75 | | | | |
| 11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address. | | | | |
| SIGNATURE: <i>Roger W Painter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small> | | | | |
| <small>Date Daytime Phone #</small> | | | | |