

2002 UNIFORM BUSINESS REPORT (UBR)

0021625

DOCUMENT # L97000000618

1. Entity Name
KISKADEE, L.C.

Principal Place of Business
3400 S. TAMiami TRAIL, SUITE 301
SARASOTA FL 34239

Mailing Address
3400 S. TAMiami TRAIL, SUITE 301
SARASOTA FL 34239

2. Principal Place of Business
5922 Cattlemen Lane
Suite, Apt. #, etc.

3. Mailing Address
5922 Cattlemen Lane
Suite, Apt. #, etc.

City & State
SARASOTA, FL

City & State
SARASOTA, FL

Zip
34232

Country

Zip
34232

Country

6. Name and Address of Current Registered Agent

DECHOW, GERALD A
3400 S. TAMiami TRAIL, STE 301
SARASOTA FL 34239

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

7. Name and Address of New Registered Agent

Name
Harry W. Haskins

Street Address (P.O. Box number is not acceptable)
3400 S. TAMiami TRAIL, Ste #201

City
SARASOTA

FL

Zip Code
34239

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]* DATE *4/30/02*

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REPCHICK, GEORGE 3400 S. TAMiami TRAIL, SUITE 301 SARASOTA FL 34239	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, LYNN M 3400 S. TAMiami TRAIL, SUITE 301 SARASOTA FL 34239	<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	MGR Chapman, Wayne D. 5922 Cattlemen Lane SARASOTA, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5922 Cattlemen Lane SARASOTA, FL 34232	<input checked="" 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
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: *[Signature]* DATE *4/30/02* 941-552-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED
02 MAY 13 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)