2000 UN	IIFORM BUSI	NESS REP	ORT	(UBF	₹}	APPROVED		
DOCUMENT # 4 9700000/062, 1. Entity Name						FILEO		
					}	00 APR 18 PM 1:54		
KRM Investors, L.C.						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Busin	ry Ford Rd.#159	Mailing Address り る	Box 5	74635	ا ة	·		
Orlando, FL. 32822 Orlando, FL.					{			
Ol Tonal, F	2.32022		328		ļ			
2. Principal Place of Bu	usiness , O I	3. Mailing Address			\dashv			
2. Principal Place of Business 6/36 Curry Ford Rd Suite, Apt. #, etc. 3. Mailing Address P. O. Box Suite, Apt. #, etc.				<u> 7463</u>	5	DO NOT WRITE IN THE CRACE		
# 159 _	Strite, Apr. #, etc.				M NM DO NOT WRITE IN THIS SPACE			
City & State	F/	City & State Orlando	FI.			4. FEI Number Applied For Sq - 347 94 - 89 Not Applicable		
32822	Country	Zip	Coun			5. Certificate of Status Desired \$5.00 Additional	7	
_3 <u>2822</u> 6. Nai	me and Address of Current Ro	32857 egistered Agent	<u>u</u> ,	S.A.		7. Name and Address of New Registered Agent	_	
	Berglund			-Name-	7.50	1121	7 -	
	Ford Rd. # 15	9		Street Ac	ddress (P	P.O. Box Number is Not Acceptable) # 159	╡	
	FL. 32822			6/-3	<u> </u>	arry Ford Not 131	1	
0,,,,,	2, 0,000			City 🔨	. /	do FL Zip Code 32822	\dashv	
8. The above named er	ntity submits this statement for t	he purpose of changing	its registere	City O	registere	ed agent, or both, in the State of Florida.	-	
•		/	_		/	el A. Berglund 2/28/2000	}	
SIGNATURE Signature, typ	ped or printed name of registered agent and	title if applicable. (N	OTE Registere	d Agent signatu	re required w	the reinstating) DEF G/UA A L/18/2000		
		FILE	NOW!!! I	FEE IS S	50.00		1	
		Make Check	对解除的内部	数中的基础的	統合的形式	State	1	
9.	MANAGING MEMBER	S/MEMBERS	1 0.			ADDITIONS/CHANGES	_	
TITLE	-	☐ Delete	TITLE		Mar		(11/99)	
NAME STREET ADDRESS			NAMI STRE	ET ADDRESS	Mic) 6130	nosing Member Change Addition Acel A: Berglund Curry Ford Rd # 159	3 (1)	
CITY-ST-ZIP			CITY	-ST-ZIP	orl	lando, FL. 32822	CR2E08	
TITLE NAME		☐ Delete	TITLE		Mano	Sing Member Change Addition	5	
STREET ADDRESS			STRE		1119	SUNSET		
CITY-ST-ZIP				-ST-ZIP	Way.	AE NE, 68787	_	
NAME		Delete	TITLE		Rush	EBET9/und Change Addition	-	
STREET ADDRESS CITY-ST-ZIP	,			ET ADDRESS ST-ZIP	1119	Sunset 68787		
TITLE		☐ Delete	TITLE		Way	☐ Change ☐ Addition	1	
NAME CIBEET ADDRESS			NAME	J		700003229897- 1 -04/28/0001120007	\cdot	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP		**************************************	}	
TITLE		☐ Oelete	TITLE			☐ Change ☐ Addition	7	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS				
CITY-ST-ZIP			CITY-	ST-ZIP			_[
TITLE NAME		☐ Delete	TITLE NAME			. Change Addition		
STREET ADDRESS			Ŀ	ET ADDRESS				
CITY-ST-ZIP	the information cumplied with th	is filling does not gualify		ST-ZIP	ed in Soci	ction 119.07(3)(i), Florida Statutes. I further certify that the information	4	
indicated on this reg	the information supplied with the port is true and accurate and the pany or the receiver or trustee e	at my signature shall hav	ve the same	legal effec	t as if ma	ade under oath; that I am a managing member or manager of the		
- "		11						
SIGNATURE	SIGNATURE AND TYPED OR PRINTE	MAME OF SIGNING MANAGII	Chas	H. B R MANAGER	<u> </u>	nd 2/28/2000 (407) 924-6234 Date Daytime Phone # ,		