

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001313

1. Entity Name
K.A. AVENTURA, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:40

Principal Place of Business
790 EAST BROWARD BLVD., SUITE 400
FORT LAUDERDALE FL 33301

Mailing Address
790 EAST BROWARD BLVD., SUITE 400
FORT LAUDERDALE FL 33301-2076



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
58-2429469

Applied For

Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURDOCH, ROBERT E
JOHNSON, ANSELMO, MURDOCH BURKE & GEROGE
790 EAST BROWARD BLVD., SUITE 400
FORT LAUDERDALE FL 33301

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
BECK, ANDREW J
613 PITT STREET
MT. PLEASANT SC 29464

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

2/3/7/00

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i. 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

18 FEB 00 843-849-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)