

2001 UNIFORM BUSINESS REPORT (UBR)

001607 AF

DOCUMENT # L97000001313

1. Entity Name

K.A. AVENTURA, L.C.

Principal Place of Business

Mailing Address

790 EAST BROWARD BLVD., SUITE 400
FORT LAUDERDALE FL 33301

790 EAST BROWARD BLVD., SUITE 400
FORT LAUDERDALE FL 33301

FILED

01 MAR 15 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2429469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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
300003891399-3
-03/21/01-01114-019
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11 MARCH 01 843 849-8600

CR2E083 (11/00)