

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2003 8:00 am
Secretary of State

04-01-2003 90031 028 ****50.00

UBR 1261

DOCUMENT # **L98000000506**

1. Entity Name

KIBOKI, LLC



Principal Place of Business

**1000 N U.S. HIGHWAY ONE
JAMAICA 104
JUPITER FL 33477**

Mailing Address

**6020 NW 67TH CT
PARKLAND FL 33067**

2. Principal Place of Business

3. Mailing Address

844 BROOKSIDE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POTTSTOWN PA

Zip

Country

Zip

Country

19464

4. FEI Number **65-0832321**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**POMERANTZ STEVEN A
6020 NW 67TH CT
PARKLAND FL 33067**

REMAINS THE SAME

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM <input type="checkbox"/> Delete
NAME	GOODMAN, SHERYL
STREET ADDRESS	121 COGGESHALL AVENUE, UNIT 10
CITY-ST-ZIP	NEWPORT RI 02840
TITLE	MGRM <input type="checkbox"/> Delete
NAME	POMERANTZ, HOWARD K TRUSTEE
STREET ADDRESS	2000 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA PA 19103
TITLE	MGRM <input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, JEROME I TRUSTEE
STREET ADDRESS	2000 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA PA 19103
TITLE	MGRM <input type="checkbox"/> Delete
NAME	POMERANTZ, STEVEN A TRUSTEE
STREET ADDRESS	2000 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA PA 19103
TITLE	MGRM <input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, JEROME I TRUSTEE
STREET ADDRESS	2000 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA PA 19103
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MGRM POMERANTZ HOWARD K TRUSTEE
STREET ADDRESS	844 BROOKSIDE RD.
CITY-ST-ZIP	POTTSTOWN PA 19464
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED** *Steven A. Pomerantz* 3-24-03 610-326-4971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)