## 2000 UNIFORM BUSINESS REPORT (UBR)

| 2000 UNIFORM BUSINESS REPORT (UBR)                 |  |  |                        |  |  | APPROVED  |  |                             |  |
|--|--|--|------------------------|--|--|---|--|-----------------------------|--|
| 1. Entity Nam                                      | DOCUMENT # L9800000594 . Entity Name   |  |                        |  |  | AND<br>FILED<br>00 APR 18 AM 8: 46  |  |                             |  |
| KEYSCAPE REALTY COMPANY, L.L.C.                    |  |  |                        |  |  |   |  |                             |  |
| Principal Plac<br>161 BAHAMA<br>KEY LARGO F        | AVENUE   | Mailing Address<br>161 BAHAMA AVENUE<br>KEY LARGO FL 33037-4                                       | <del>-</del>           |  |  | SECRETARY OF STATE FALLAHASSEE, FLORIDA   |  |                             |  |
| Principal Place of Business     3. Mailing Address |  |  |                        |  |  |   |  |                             |  |
| 2. Thirdpart lace of dusiness                      |  |  |                        |  |  |   |  |                             |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.  | Suite, Apt. #, etc.    |  |  | M DO NOT WRITE IN 1   | HIS SPACE                                |                             |  |
| City & State                                       | e  | City & State   | City & State           |  | 4. FEI I   |   | <b>├</b>                                 | oplied For<br>ot Applicable |  |
| Zip  | Country  | Zip  | Соил                   |  | 5. Certificate of Status Desired \$5.00 Ac Fee Require         |   |  |                             |  |
|  | 6. Name and Address of Curre   | nt Registered Agent  |                        | Name   |  | e and Address of New Register   | red Agent                                |                             |  |
| KATZENELL, HERMAN<br>161 BAHAMA AVENUE             |  |  |                        | Street Address (P.O. Box Number is Not Acceptable) |  |   |  |                             |  |
| KEY LARGO FL 33037                                 |  |  |                        |  |  |   |  |                             |  |
|  |  |  |                        | City   | <del></del>  |   | FL Zip Cod                               | е                           |  |
| 8. The above                                       | named entity submits this statemen   | t for the purpose of changing it   | s registere            | ed office or                                       | registered agent,  | or both, in the State of Florida.   |  |                             |  |
| SIGNATURE .  |  |  |                        |  |  |   |  |                             |  |
|  | Signature, typed or printed name of registered ag  | ent and title if applicable. (NO   | TE: Registered         | Agent signatu                                      | re required when reinsta                                       | DA DA   | ATE                                      |                             |  |
|  |  | FILE N<br>Make Check P   |                        | EE IS \$   |  |   |  | į                           |  |
| 9.   | MANAGING MEN   | MBERS/MEMBERS  | 10.                    |  |  | ADDITIONS/CHAN  | GES                                      |                             |  |
| TITLE<br>MAME<br>STREET ADDRESS<br>CHTY-ST-ZIP     | MGR<br>KATZENELL, HERMAN<br>161 BAHAMA AVENUE<br>KEY LARGO FL 33037  | ☐ Delete   |                        |  | -  |   | Change                                   | Addition                    |  |
| TITLE<br>NAME<br>BTREET ADDRESS<br>CITY-ST-ZIP     | MGR KATZENELL, MARION 161 BAHAMA AVENUE KEY LARGO FL 33037   |  |                        | ET ADDRESS<br>ST-21P                               | And the second   | 60000323<br>-05/03/00<br>*****55.0  | <b>88995</b><br>01121<br>30 *****        | □ <b>м@</b><br>012<br>55.00 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     |  | ☐ Delete   |                        |  | -  |   | Change                                   | Addition }                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     |  | ☐ Delets   |                        |  |  |   | Change                                   | Addition                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     |  | . Delute   | TITLE<br>NAME<br>STREE | -  |  |   | Ctrange                                  | Addition                    |  |
| TITLE<br>MAME<br>STREET ADDRESS<br>CITY-ST-ZIP     |  | ☐ Delete   |                        |  |  | ,   | ☐ Change                                 | Addition                    |  |
|  | certify that the information supplied v<br>on this report is true and accurate a<br>bility company or the receiver or trus | with this filing does not qualify fund that my signature shall have stee empowered to execute this | or the exer            | nption stat  | ed in Section 119<br>of as if made under<br>by Chapter 608, Fl | 07(3)(i), Florida Statutes. I furthe<br>er oath; that I am a managing me<br>orida Statutes. | r certify that the is<br>ember or manage | nformation<br>er of the     |  |

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