2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800000594 1. Entity Name KEYSCAPE REALTY COMPANY, L.L.C.						FILEO OI APR 23 PM 1: 30				
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Principal Place of Business Mailing Address 161 BAHAMA AVENUE KEY LARGO FL 33037 Mailing Address 161 BAHAMA AVENUE KEY LARGO FL 33037					SEGRETARY OF STATE					
2. Principal Place of Business 3. Mailing Address .										
Suite, Apt. #, etc. Suite, Apt. #, etc.				<u> </u>	DO NOT WRITE IN THIS SPACE					
City & Stat	te		City & State	x State		4. FEI Number 65-0847427 Applied For Not Applicable				
Zip		Country	Zip	Country			icate of Status Desired	\$5.00 Add Fee,Require	ditional	
	6. Name a	nd Address of Current	Registered Agent	Name	,	7. Name	and Address of New Registere	d Agent		
KATZENELL, HERMAN										
161 BAHAMA AVENUE				Street	Street Address (P.O. Box Number is Not Acceptable)					
KEY LAH	IGO FL 33037			City				Zip Cod	do.	
					FL					
8. The above	named entity s	submits this statement for	r the purpose of changing its re	egistered office	or registere	ed agent, c	or both, in the State of Florida.			
SIGNATURE .	21	printed name of registered agent a	(NOTE:	**	and in the second	h seinetetie	ng) DATE	-		
	Signature, typed or p	burged uame or redistered aftering		Registered Agent sign		When remous	ig) Date	<u> </u>		
				W!!! FEE IS						
			Make Check Pay	spie to neba	ii thiiciit o	f State		•		
9.		MANAGING MEMBE		10.	ii tirient o	1 State	ADDITIONS/CHANG	ES		
TITLE	MGR KATZENELL			10.	The in the interest of	State	ADDITIONS/CHANG	ES Change	Addition	
	MGR KATZENELL 161 BAHAM KEY LARGO	., HERMAN MA AVENUE	ERS/MEMBERS	10.		State	ADDITIONS/CHANG		☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	KATZENELL 161 BAHAM KEY LARGO MGR	., HERMAN MA AVENUE D FL 33037	ERS/MEMBERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		f State		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATZENELL 161 BAHAN KEY LARGO	., HERMAN MA AVENUE D FL 33037 ., MARION	ERS/MEMBERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	f State	20000413	Change	Addition	
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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 an observed to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE