

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001302**

1. Entity Name
KIRCHHOFER, L.L.C.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2072 S.W. RACQUET CLUB DRIVE
PALM CITY FL 34990

Mailing Address
2072 S.W. RACQUET CLUB DRIVE
PALM CITY FL 34990-2302

2. Principal Place of Business
3227 SW MAPP ROAD

3. Mailing Address
3227 SW MAPP RD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM CITY FL.

City & State
PALM CITY FL

4. FEI Number **65-0864225** Applied For Not Applicable

Zip **34990** Country **USA**

Zip **34990** Country **USA**

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

KIRCHHOFER, ERIC
2072 S.W. RACQUET CLUB DRIVE
PALM CITY FL 34990

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 *E. Kirchhofer pres*

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 Delete
NAME **MGR**
STREET ADDRESS **KIRCHHOFER, ERIC**
CITY-ST-ZIP **2072 S.W. RACQUET CLUB DRIVE**
PALM CITY FL 34990

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300003112313--3
-01/27/00--01014--024
*******50.00 *****50.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *E. Kirchhofer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #