

# 2001 UNIFORM BUSINESS REPORT (UBR)

002388 AF

**DOCUMENT # L98000001302**

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

**FILED**

01 JAN 22 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3227 SW MAPP ROAD  
PALM CITY FL 34990

Mailing Address  
3227 SW MAPP ROAD  
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0864225**

Applied For  
Not Applicable

Zip Country

Zip Country

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 \_\_\_\_\_ (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**

Change  Addition  
**300003581479--8**  
**-01/26/01--01076--007**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

Change  Addition  
TITLE  
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]* **KIRCHHOFER, ERIC** Date **1/10/01** Daytime Phone # **(561) 286-2208**

CR2E083 (11/00)