

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023730 AF

DOCUMENT # L98000002103

1. Entity Name  
KANNER INVESTMENTS, L.C.

FILED

01 JAN 17 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3232 SE DIXIE HIGHWAY  
STUART FL 34997

Mailing Address  
3232 SE DIXIE HIGHWAY  
STUART FL 34997

2. Principal Place of Business  
815 COLORADO AVE  
Suite, Apt. #, etc.  
SUITE #101

3. Mailing Address  
815 COLORADO AVE  
Suite, Apt. #, etc.  
SUITE #101

DO NOT WRITE IN THIS SPACE

City & State  
STUART FL  
Zip  
34994 Country

City & State  
STUART FL  
Zip  
34994 Country

4. FEI Number 65-0888709  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MORGAN, JAMES C  
3232 SE DIXIE HIGHWAY  
STUART FL 34997

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
815 COLORADO AVE STE #101  
City STUART FL Zip Code 34994

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

1-11-01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM  
STREET ADDRESS MORGAN, JAMES C  
CITY-ST-ZIP 3232 SE DIXIE HIGHWAY  
STUART FL 34997 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS / CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 815 COLORADO AVE #101  
CITY-ST-ZIP STUART FL 34994

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 700003572557-4  
CITY-ST-ZIP -01/24/01--01021--011  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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

1-11-01

Date

561  
286-6292

Daytime Phone #

CR2E083 (11/00)