

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002780

1. Entity Name

KEENE LAND INVESTORS, LLC

Principal Place of Business

2 POND'S EDGE DRIVE  
CHADDS FORD PA 19317

Mailing Address

P.O. BOX 999  
CHADDS FORD PA 19317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2426565

Applied For

Not Applicable

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

BRANDYWINE FINANCIAL SERVICES CORPORATION  
BRUCE E. MOORE  
2631 ~~2637~~ MCCORMICK DR.  
CLEARWATER FL 33759

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

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PARKEMORE CORPORATION  
P.O. BOX 999  
CHADDS FORD PA 19317 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90038 033 \*\*\*\*\*55.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

FEB - 8 2002

Attachment

826419

#L98000002780

**Brandywine Financial Services Corporation**

P.O. Box 999  
Chadds Ford, PA 19317  
(610) 388-9600

February 18, 2002

Limited Liability Company  
Division of Corporations--  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Keene Land Investors, LLC  
#L98000002780  
2002 Florida Uniform Business Report

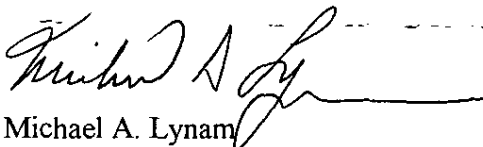
Via Certified Mail  
Return Receipt Requested  
7001 2510 0007 5598 8602

Gentlemen:

Enclosed please find the 2002 Florida Uniform Business Report for the above referenced limited liability company along with a check in the amount of \$55.00 for the annual registration fee and the additional fee required for a Certificate of Status.

Please send the Certificate of Status to my attention at the address listed above. Should you have any questions, please call me at (610) 388-9600.

Sincerely,



Michael A. Lynam  
Chief Accounting Officer

MAL:dd

Enclosures