

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003216

1. Entity Name

IAK FLORIDA BAU, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 26 PM 3: 50

Principal Place of Business

838 PERRINE COURT
MARCO ISLAND FL 34145-6813

Mailing Address

838 PERRINE COURT
MARCO ISLAND FL 34145-6813

2. Principal Place of Business

600 Fifth Ave South

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

City & State

City & State

Naples, FL

City & State

Zip

Zip

34102

Country

USA

Zip

Country

Country

4. FEI Number

59-3568901

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name
Goodman & Breen, P.A.

Street Address (P.O. Box Number is Not Acceptable)

3838 Tamiami Tr. N.,

#300

City

Naples

FL

Zip Code

34103

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]

(NOTE: Registered Agent signature required when reinstating)

9/24/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 26, 2001

200804616412-3

-09/28/01--01051--002

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
KERNER, MICHAEL
838 PERRINE COURT
MARCO ISLAND FL 34145-6813

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
Waygo Investments, LLC
3838 Tamiami Tr. N., Suite 300
Naples, FL 34103

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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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]

9/24/01

941-403-3000

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

0007594

CR2E083 (5/01)

STAPLE CHECK HERE