

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000416

1. Entity Name
KEALOHA, L.L.C.

APPROVED
AND
FILED

00 APR 28 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~5801 N.W. 21ST WAY~~
BOCA RATON FL 33496

Mailing Address

~~5801 N.W. 21ST WAY~~
BOCA RATON FL 33496-3457



2. Principal Place of Business

4375 Sanctuary Lane

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Zip

33431

Country

Zip

Country

4. FEI Number

65-0896033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REID, CHARLES P
4375 SANCTUARY LANE
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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

800003250048--2
-05/12/00--01025--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME REID, CHARLES P
STREET ADDRESS ~~5801 N.W. 21ST WAY~~
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4375 SANCTUARY LANE
CITY-ST-ZIP BOCA RATON, FL 33431

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/23/00 954977-4211

Date

Daytime Phone #

CR2E083 (9/99)