**2001 UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT # L9900000873							D	W.	2 4/2		
KENDAL	L ISAN, L.L.C.		01 APR	16 PI	4 4 t	ill.	/				
Principal Pla	ce of Business	· · · · · · · · · · · · · · · · · · ·	SECRETARY OF STATE TALLIAH ASSEE FEORIDA								
Principal Place of Business Mailing Address  2420 N.E. 27TH STREET  LIGHTHOUSE POINT FL 33064  Mailing Address  2420 N.E. 27TH STREET  LIGHTHOUSE POINT FL 33064					TALLAH	,	2 <b>00</b> 01010 000		: <b>#1</b> 411 <b>43</b> 114 <b>88</b> 1	(1 <b>48</b> 14 <b>8814</b> 1 1811	1 IEDSE 1111 188
2. Principal I	Place of Business	3. 1	Aailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number 65-0946024 Applied For Not Applied For					
Zip	Count		iip	Country		5. Certific	cate of S	atus Desirec		\$5.00 Ad Fee Require	ditional
	6. Name and Add	lress of Current Regist	ered Agent	Nar	me ·	7. Name	and Add	ress of New	Registered	Agent	
ISAN, JERAY 2420 N.E. 27TH STREET				Stre	et Address (P	Address (P.O. Box Number is Not Acceptable)					
	OUSE POINT FL 330				,						
				City	,				F	Zip Cod	е
8. The above	named entity submits	this statement for the pu	rpose of changing its	s registered office	ce or registere	d agent, or	both, in	the State of F		<del>-</del>	
SIGNATURE .	Signature hand or printed pa	me of registered agent and title if	and line black (NOT	T. Darley d Assay							
	organica in the production in	no or registered agent also the in		E: Registered Agent		men reinstating		0004	DATE	3933	8
		į	FILE N Make Check Pa	OW!!! FEE I ayable to Dep		State		-04/2		01124	008
9.	МА	NAGING MEMBERS/MI	MBERS	10.				ADDITION	S/CHANGE	S	
TITLE	MGRM		Delete	TITLE						Change	Addition
name Street address City+St~Zip	ISAN, JERRY B 2420 N.E. 27TH S LIGHTHOUSE POI			NAME STREET ADDRI CITY-ST-ZIP	ESS						
TITLE .			☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRI CITY-ST-ZIP	ESS						
TITLE	,		- Delete	- TITLE - NAME			-		• :-	Change	Addition
STREET ADDRESS CITY-ST-ZIP		•		STREET ADDRE	ess						
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STREET ADDRESS CITY-ST-ZIP				STREET ADDRE	SS						
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CITY-ST-ZIP				CITY-ST-ZIP							
TITLE NAME STREET ADDRESS			☐ Delete	NAME						☐ Change	☐ Addition
CITY-ST-ZIP	<u> </u>			STREET ADDRE	, , , , , , , , , , , , , , , , , , ,						
		on supplied with this filin d accurate and that my ceiver or trustee empow							I further cer ging membe	tify that the in er or manager	formation of the

4/13/01 (954) 846-8400 Date Daytime Phone #