2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900001078 1. Entity Name KEHK GROUP, L.L.C.						FILED SECRETARY OF STATE OIVISION OF CORPORATIONS OO MAR 13 AM 11: 27			
<u> </u>		A de 11 cm A citat co	_			OU MAK 13	AM 11: 27		
Principal Place of Business Mailing Address 4415 FIFTH AVENUE 4415 FIFTH AVENUE									
4415 FIFTH AVENUE 4415 FIFTH AVENUE PITTSBURGH PA 15213 PITTSBURGH PA 15213-2654			i4		}				
							4811) 96 111 381 41 (1 8)1 36 11	1 (888) (81) (88)	
	<u> </u>								
2. Principal Place of Business 3. Mailing Address				Contor Dw			Måtis antit marat isass anti		
300 Business Center Dr. 300 Business C				encer Dr.		DO NOT WRITE	IN THIS SPACE		
Suite 302 Suite 302								<u></u>	
City & State City & State			. 4		4. ₽	El Number		Applied For Not Applicable	
Pittsburgh, PA Pittsburgh, F			Country			25-1832540	\$5.00 4		
15205	Journal	15205			5. 0	Pertificate of Status Desired	Fee Requir		
6. Name and Address of Current Registered Agent) Nama	7. Name and Address of New Registered Agent				
				.Name	· -				
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525									
.,,				City			FL Zip Co	 de	
				L			<u> </u>		
8. The above	named entity submits this statement for	the purpose of changing its r	egistere	ed office or	registered age	nt, or both, in the State of Floric	da.		
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
		FILE NO	W!!! F	FEE IS \$	50.00				
		Make Check Pay	able to	Departr	ment of State	e			
	MANAGING MEMBE	DO MATARIEDO	10.	<u> </u>	`	ADDITIONS/C	PHANGES		
9.	MGRM	Delete	ппц			ADDITIONATO	Change	Addition	
NAME	KAPLAN, IVAN		MAM				_	-	
STREET ADDRESS	1910 COCHRAN ROAD, SUITE 33	3		ET ADDRESS - 8T-ZIP					
CITY- BT- ZIP	PITTSBURGH PA 15220	Deteto	TITLE				[X] Change	Addition	
TITLE NAME	MGRM ESTERLY, CRAIG	L. Dagu	NAMI	1			(Y) Granifia	nuerdon	
STREET ADDRESS 300 BUSINESS CENTER DRIVE, SUITE 304				ET ADDRESS	300 Business Center Dr., Suite 302 -				
CITY-81-ZIP	PITTSBURGH PA 15203		╂—	ST-ZIP					
TITLE NAME	MGRM	Delete	TITLE			0000001	Change :	Addition	
STREET ADDRESS	HAND, GREGORY A 4415 FIFTH AVENUE			ET AODRESS		- 0000031: -03/27/0	0010120	118	
CITY-ST-ZIP	PITTSBURGH PA 15213	<u> </u>	CITY	8T- ZIP		*****50	.DD ****5	0.00	
IIITLE	MGRM	☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS	KAPLAN, ROBERT 1910 COCHRAN ROAD, SUITE 33	12	NAMI	E ET ADDRESS /					
CITY- ST- ZIP	PITTSBURGH PA 15220	N		ST-ZIP					
TITLE		☐ Delate	TITU	:	Member		☐ Change	X Addition	
NAME			NAM			ce Cudmore			
STREET ADDRESS CITY-ST-ZIP				ET ADURESS -ST-ZIP		vin Lake Drive aton, FL 33496		•	
TITLE	<u> </u>	☐ Deleta	mu		Member	220119 111 33470	Change	X Addition	
NAME		<u> </u>	NAMI		Arthur		^	V	
STREET ADDRESS				ET ADDRESS	3401 S.		107 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X	
CITY-8T-ZIP	and the thot the information according to date	thin filing doop not availe for	<u></u>	est-zip	_ 	nd Beach, FL 334		information	
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)