

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90045 035 ****55.00

DOCUMENT # L99000001240

1. Entity Name

KEYS RESIDENTIAL PROPERTIES, L.L.C.

Principal Place of Business

**7805 S.W. 6TH CT.
 PLANTATION FL 33324**

Mailing Address

**7805 S.W. 6TH CT.
 PLANTATION FL 33324**

908816

2. Principal Place of Business

P.O. Box 450057

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 450057

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE, FL

City & State

SUNRISE, FL

4. FEI Number

65-0899811

Applied For

Not Applicable

Zip

33345

Country

USA

Zip

33345

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEINBERG, STEVEN A ESQ.
 7805 S.W. 6TH COURT
 PLANTATION FL 33324**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **WJL FINANCIAL GROUP, INC.**
 STREET ADDRESS **7805 S.W. 6TH COURT**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **MGRM** ☐ Delete
 NAME **HOLISTIC HEALTH CONSULTANTS INC**
 STREET ADDRESS **7805 S.W. 6TH COURT**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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]

WILLIAM F. LEON MEMBER

Date

Daytime Phone #

(954)-424 3008

CR2E083 (9/01)