	2001	UNIFOR	M BUSINESS	REPORT	(UBR
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2001 UNIFORM BUS	INESS REPO	RT (UBR)		8
	00002393			{
KAHKAHMOON, L.C.			FILED	. /
Principal Place of Business	Mailing Address	·	2001 APR 20 AM 11: 27	
4117 SOUTH OCEAN BLVD.	4117 SOUTH OCEAN BLV	/D.	DIVISION OF CORPORATIONS	
HIGHLAND BEACH FL 33487	HIGHLAND BEACH FL 334	487	DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number 65-0925511 Applied For Not Applied For]
Zip Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required	
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
KAUFMAN, MICHAEL	0 1	Name		
851 AURELIA STREET 4117 SO C	cean slice	Street Address	s (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33486 HAMMA	Leach, 12			1
7/09/0000	Ocean Llud Seach, F2 33487	City	FL Zip Code	1
8. The above named entity submits this statement for	or the purpose of changing its	registered office or regist	ered 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 requir	ed when reinstating) DATE	
·		W!!! FEE IS \$50.00 yable to Department		
9. MANAGING MEMB	ERS/MEMBERS	10.	ADDITIONS/CHANGES	_ [
TITLE MGRM NAME KAUFMAN, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE MGRM KAUFMAN, MICHAEL #51-AURELIA STREET #/// BOCA RATON FL 33486 Hagh	Delete So Opean Llud	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004086288	083 (11/00)
TITLE DELICATION PROPERTY.	Delegator	TITLE	☐ Change ☐ Addition	CR2E083
NAME / STREET ADDRESS CITY-ST-ZIP	J.78)	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME -	☐ Detete	TITLE .	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	~· .	-
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	☐ Delete	TITLE NAME	Change Addition	
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP	Change	-
NAME	en naiste	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with	that my signature shall have th	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the oter 608, Florida Statutes.	1
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF	ENTRING MANAGING MEMBER, MANA	RED AGER, OR AUTHORIZED REPRES	## Date Daylime Phone #	,