

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000003227**

1. Entity Name  
**RKRP FAMILY PROPERTIES L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 20 AM 10:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
1021 ALMERIA AVENUE      1021 ALMERIA AVENUE  
CORAL GABLES FL 33134-5501      CORAL GABLES FL 33134-5501

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0928232**      Applied For  
Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KLEIN, THEODORE J ESQ**  
**88 N.E. 168 STREET**  
**NORTH MIAMI BEACH FL 33162**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE       Delete  
NAME      **MGR**  
STREET ADDRESS      **DAGER, PATRICIA**  
CITY-ST-ZIP      **1021 ALMERIA AVENUE**  
**CORAL GABLES FL 33134-5501**

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**600003410566-2**  
**10/02/00-01011-013**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

CR2E083 (5/00)