2000 UNIFORM BUSINESS REPORT (UBR)									
DOCUMENT # L9900003227 1. Entity Name							(i	
RKRP FAMILY PROPERTIES L.C.				•	SECRETARY OF DIVISION OF CORPO	STATE ORATIONS			-
Principal Place of Business Mailing Address					00 SEP 20 AM	: :0-:02 /	7-P/		
1021 ALMERIA AVENUE CORAL GABLES FL 33134-5501		1021 ALMERIA AVENUE CORAL GABLES FL 33134-5501			- 00 SEF 20 An	10.02 /			
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2. Principal Place of Business		3. Mailing Address			-	i 48 11) 29 13) 48 11 49 11)	DOGENO HAND TABLE	[{ 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			, DO NO	T WRITE IN THIS	SPACE	•	•
City & Stat	9	City & State			4. FEI Number 65-0928232 Applied For Not Applicable				
Zip	Country	Zip Co		5. Certificate of Status Desired		\$5.00 Add			
	6. Name and Address of Current I	Registered Agent	<u> </u>		7. Name and Address of	New Registered	Fee Required Agent	a	-
				Name		·····	 		
KLEIN, THEODORE J ESQ 88 N.E. 168 STREET				Street Address (P.O. Box Number is Not Acceptable)					1
	NAMI BEACH FL 33162								1
				City		FL	Zip Code	9	1
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									
r	ogradie, typeo or printed reality of registered again, a	* :	DAIL			1			
		FILE No.		EE IS \$50.00 Department of					
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9. TITLE	MANAGING MEMBERS/MANAGERS MGR			O. ADDITIONS/CHANGES ITLE □ Change □ A					ଛ
NAME	NAME DAGER, PATRICIA			مقدمتهم جماعة			- T		83 (5/00
STREET ADDRESS CITY-ST-ZIP	1021 ALMERIA AVENUE CORAL GABLES FL 33134-5501			T ADDRESS ST-ZIP				•	2E08
TITLE.		☐ Delete	TITLE					Addition	CRZEC
NAME Street address	•		NAMÉ STREE	T ADDRESS	6000034105662 -10/02/0001011013 *****50.00 *****50.00				
CITY-ST-ZIP				ST-ZIP	*************************************	**20 * 00 n550n01	U]]U] *** **5U	(З) ДО	_
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name Street address				T ADDRESS				•	
CITY-ST-ZIP				ST-ZIP				Addition	
TITLE §		☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS				T ADDRESS			•		
11. Thereby 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 you 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: SECULOF									
	SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING MANAGING	TEMBER OF	MANAGER	Date	D	aytime Phone #		ĺ