


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0003010

DOCUMENT # L99000003714 1. Entity Name KINRADE COMMERCIAL HOLDINGS LLC	
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FILED
 03 APR 15 PM 2:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 1333 N DUVAL ST. TALLAHASSEE FL 32302	Mailing Address 1333 N DUVAL ST. TALLAHASSEE FL 32302
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number	NOT APPLICABLE	Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
1333 N DUVAL ST.
TALLAHASSEE FL 32302

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	300016072063 04/15/03--01059--001 **2050..00
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9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	STERLING MANAGERS LIMITED	
STREET ADDRESS	P.O. BOX 362	
CITY-ST-ZIP	ROAD TOWN TORTOLA, BVI	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	MANHATTAN MANAGEMENT COMPANY LIMITED	
STREET ADDRESS	OLD AIRPORT RD, STE 227, HALLMARK BLDG.	
CITY-ST-ZIP	THE VALLEY ANGUILLA, BVI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BALMORAL MANAGEMENT LLC		
STREET ADDRESS	1030 15th St. NW		
CITY-ST-ZIP	Washington, DC 20005		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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]* **4-10-03** **302-421-5750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)