941-921-3950

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004802

FILED
00 JAN 28 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
ANKH INVESTMENTS OF FLORIDA, L.L.C.

Principal Place of Business	Mailing Address
6624 GATEWAY AVENUE SARASOTA FL 34231	6624 GATEWAY AVENUE SARASOTA FL 34231-5806

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	5129 Kestrel Park Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Sarasota Fla
Zip / Country	Zip: 34231 / Country: Sarasota

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, KURT F
6624 GATEWAY AVENUE
SARASOTA FL 34231

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ROUTH, ROBERT 5129 KESTREL PARK PLACE SARASOTA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Joe P. Riccardo Jr. 75 West End Ave P35D NY, NY 10023 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LEWIS, KURT F GATEWAY AVENUE SARASOTA FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500003121895--5 -02/03/00--01007--018 *****55.00 *****55.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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: ______ 1/24/2000 941-921-5622 [redacted]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #