2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **L99000004802**

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

Principal Place of Business		Mailing Address	
6624 GATEWAY AVENUE		5129 KESTROL PARK PLACE	
SARASOTA	FL	SARASOTA	FL
34231		34231	

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

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 US

7. Name and Address of New Registered Agent

Name
PARKER TED

Street Address (P.O. Box Number is Not Acceptable)
2033 MAIN STREET
SUITE 106

City
SARASOTA — FL — Zip Code 34237

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 **TED PARKER** — **05/30/2001**
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	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RICCARDO JOE PJR.		NAME	
STREET ADDRESS	75 WEST END AVENUE P35D		STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10023		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROUTH ROBERT		NAME	
STREET ADDRESS	5129 KESTREL PARK PLACE		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E083 (11/00)

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: ROBERT ROUTH — MGRM — 05/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #