2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006094

FILED
00 JAN 24 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
DON KLUMPP/ANNE RIPPY, L.C.

Principal Place of Business	Mailing Address
900 NE 89TH STREET MIAMI FL 33138	900 NE 89TH STREET MIAMI FL 33138-3360

2. Principal Place of Business	3. Mailing Address
860 NE 84TH STREET	860 NE 84TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI, FL	MIAMI, FL
Zip 33138 / Country USA	Zip 33138 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0957566 — Applied For / Not Applied

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
KLUMPP, DONALD G 900 NE 89TH STREET MIAMI FL 33138	Name Street Address (P.O. Box Number is Not Acceptable): 860 NE 84TH STREET City: MIAMI FL Zip Code: 33138

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	MGRM ☐ Delete	TITLE	☑ Change ☐
NAME	KLUMPP, DONALD G	NAME	
STREET ADDRESS	900 NE 89TH STREET	STREET ADDRESS	860 NE 84TH STREET
CITY-ST-ZIP	MIAMI FL 33138	CITY-ST-ZIP	MIAMI, FL 33138
TITLE	MGRM ☐ Delete	TITLE	☑ Change ☐
NAME	RIPPY, ANNE L	NAME	
STREET ADDRESS	900 NE 89TH STREET	STREET ADDRESS	860 NE 84TH STREET
CITY-ST-ZIP	MIAMI FL 33138	CITY-ST-ZIP	MIAMI, FL 33138
TITLE	☐ Delete	TITLE	☐ Change ☐
NAME		NAME	100003118211---
STREET ADDRESS		STREET ADDRESS	-02/01/00--01062--002
CITY-ST-ZIP		CITY-ST-ZIP	*****50.00 *****50.00
TITLE	☐ Delete	TITLE	☐ Change ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Anne L. Rippy SIGNATURE REQUIRED ANNE L. RIPPY 1/16/00 (305) 756 331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #