

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000006160**1. Entity Name
KRD PROPERTIES, LLC

Principal Place of Business	Mailing Address
THE GLADES BUILDING SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702	THE GLADES BUILDING SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702

2. Principal Place of Business	3. Mailing Address
THE KRESS BUILDING SUITE M-8 Suite, Apt. #, etc. 475 CENTRAL AVENUE City & State ST PETERSBURG FL	THE KRESS BUILDING SUITE M-8 Suite, Apt. #, etc. 475 CENTRAL AVENUE City & State ST PETERSBURG FL
Zip 33701	Country US

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MASCARA ERNEST L THE GLADES BUILDING SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702	Name MASCARA ERNEST L Street Address (P.O. Box Number is Not Acceptable) THE KRESS BUILDING SUITE M-8 475 CENTRAL AVENUE City ST PETERSBURG FL Zip Code 33701

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 ERNEST L. MASCARA 04/19/2001
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR SHUMAN DARLENE J 5420 BAY CENTER DRIVE SUITE 108 TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHUMAN DARLENE J 5420 BAY CENTER DRIVE, SUITE 108 TAMPA FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DVORAK ROBERT T 5420 BAY CENTER DRIVE SUITE 108 TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DVORAK ROBERT T 5420 BAY CENTER DRIVE, SUITE 108 TAMPA FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEBOSIER KIMBERLEE B 5420 BAY CENTER DRIVE SUITE 108 TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEBOSIER KIMBERLEE B 5420 BAY CENTER DRIVE, SUITE 108 TAMPA FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: KIMBERLEE B. DEBOSIER MGR 04/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)