

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000006160

Entity Name: KRD PROPERTIES, LLC

FILED
Mar 14, 2003
Secretary of State

Current Principal Place of Business:

THE KRESS BUILDING SUITE M-8
475 CENTRAL AVENUE
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

C/O ERNEST L. MASCARA, PA
475 CENTRAL AVENUE, SUITE M8
ST PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASCARA, ERNEST L
THE KRESS BUILDING, SUITE M-8
475 CENTRAL AVENUE
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DEBOSIER, KIMBERLEE B
Address: 1105 EAST TWIGGS STREET
City-St-Zip: TAMPA, FL 33602 US

Title: MGR () Delete
Name: DVORAK, ROBERT T
Address: 1105 EAST TWIGGS STREET
City-St-Zip: TAMPA, FL 33602 US

Title: MGR () Delete
Name: SHUMAN, DARLENE J
Address: 1105 EAST TWIGGS STREET
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

03/14/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date