2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -3 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006460

1. Entity Name
KAMJO PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
250 Imperial St Merritt Island, Fl 32952	89 S. Atlantic Ave Suite 301 Ormond Bch, Fl 32176

2. Principal Place of Business	3. Mailing Address
	PO Box 631958
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orlando, Fl
Zip / Country	Zip: 32686-1958 / Country: Orange

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593600492 ☐ Applied For ☐ Not Applicable

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
Edward Glover 89 S. Atlantic Ave Suite 301 Ormond Bch, Fl 32176	Name: Edward Glover Street Address (P.O. Box Number is Not Acceptable): 1216 S. Orange Blossom Tr Lt C-19 City: Orlando FL Zip Code: 32805

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] Edward Glover 5-1-01
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

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-05/25/01--01076--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Glover, Edward 89 S. Atlantic Ave #301 Ormond Bch, Fl 32176 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Glover, Edward 1216 S. Orange Blossom Tr Lt #C-19 Orlando, Fl 32805 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Glover, Sandra J 89 S. Atlantic Ave #301 Ormond Bch, Fl 32176 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Glover, Sandra J 3553 Greenfield Av Orlando, Fl 32809 ☑ 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
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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: [signature] Sandra J. Glover 5-1-01 4076499058