

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -3 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/1/8



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000006608
1. Entity Name
KARKAL INVESTMENTS, L.L.C.

Principal Place of Business Mailing Address
1850 LEE ROAD, SUITE 200 **1850 LEE ROAD, SUITE 200**
WINTER PARK FL 32789 **WINTER PARK FL 32789-2106**

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

4. FEI Number **59-3609691** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FLICK, JAMES J
940 HIGHLAND AVENUE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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 _____ (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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MG RM
STREET ADDRESS	KARKAL, SMITA
CITY - ST - ZIP	1850 LEE RD # 200 WINTER PARK FL 32789

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MG RM
STREET ADDRESS	KARKAL, SHIVANAND
CITY - ST - ZIP	1850 LEE RD # 250 WINTER PARK FL 32789

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800003217198-7
STREET ADDRESS	-04/20/00--01099--002
CITY - ST - ZIP	*****50.00 *****50.00

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]* **NOT REQUIRED** **3-17-00** **407-644-5544**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

6690000

CR2E083 (9/99)