

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006944

1. Entity Name  
KEC DEVELOPMENT L.L.C.

Principal Place of Business

2175 W. 18TH STREET  
JACKSONVILLE FL 32209

Mailing Address

2175 W. 18TH STREET  
JACKSONVILLE FL 32209-4625

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ANSBACHER, LAWRENCE V  
4215 SOUTHPOINT BLVD., STE 100  
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name  
Lawrence V. Ansbacher  
Street Address (P.O. Box Number is Not Acceptable)  
3150 Delfort Road  
Building 100  
City Jacksonville FL Zip Code 32236

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 *Lawrence V. Ansbacher*  
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

|                 |                          |                                 |
|-----------------|--------------------------|---------------------------------|
| TITLE           | MEMBER                   | <input type="checkbox"/> Delete |
| NAME            | Kuester, Ken             |                                 |
| STREET ADDRESS  | 13924 Mandarin Oaks Lane |                                 |
| CITY - ST - ZIP | JACKSONVILLE, FL 32223   |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |

10. ADDITIONS/CHANGES

|                 |                       |   |
|-----------------|-----------------------|---|
| TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | 600003195416-1        |   |
| STREET ADDRESS  | -04/04/00--01077--014 |   |
| CITY - ST - ZIP | *****50.00 *****50.00 |   |
| TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                       |   |
| STREET ADDRESS  |                       |   |
| CITY - ST - ZIP |                       |   |
| TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                       |   |
| STREET ADDRESS  |                       |   |
| CITY - ST - ZIP |                       |   |
| TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                       |   |
| STREET ADDRESS  |                       |   |
| 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/16/00 904/366-6611

FILED  
00 MAR 20 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)