2000 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007234

1. Entity Name

KUHN LEIBOWITZ REALTY, L.L.C.

Principal Place of Business	Mailing Address
4222 NW 13th Street Gainesville, Florida 32609	(same as "Principal Place of Business")

2. Principal Place of Business	3. Mailing Address
1039 Guisando	1039 Guisando
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33613 Country: U.S.A.	Zip: 33613 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3622203 ☐ 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
JASON KUHN 4222 NW 13th Street Gainesville, Florida 32653	Name: JASON KUHN Street Address (P.O. Box Number is Not Acceptable): 5010 NW 62nd Street City: Gainesville FL Zip Code: 32653

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 _____ 8-28-00

Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

JASON KUHN

[redacted]

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JASON KUHN 5010 NW 62nd Street Gainesville, Florida 32653 ☐ Change ☒ Addition MGRM; P; T
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	EDWARD R. LEIBOWITZ 1039 Guisando Tampa, Florida 33613 ☐ Change ☒ Addition MG; VP; S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600003384406--3 -08/06/00--01108--029 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600003384406--3 -08/06/00--01108--030 *****5.00 *****5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/99)

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: _____ 8-28-00 352-337-6040

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

JASON KUHN, President