2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007248

1. Entity Name
KJL HOTEL REALTY, LLC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -1 PM 11:02

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2014 W. COLONIAL DR. ORLANDO, FL. 32804	

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 59-3606610 ☐ 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
RACHEL S. KUO 5000 OLD HOWELL BRANCH RD. WINTER PARK, FL. 32792	Name MAURICE KUO Street Address (P.O. Box Number is Not Acceptable) 2014 W. COLONIAL DR. City ORLANDO **FL** Zip Code 32804

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 Maurice Kuo DATE 10/29/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MAURICE KUO 2014 W. COLONIAL DR. ORLANDO, FL. 32804 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600003456826--5 -11/08/00--01025--020 *****55.00 *****55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Maurice Kuo 10/29/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #