

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

06-05-2003 90005 019 \*\*\*\*50.00

0042397

DOCUMENT # **L99000007297**

1. Entity Name

~~KATZ GROUP, L.L.C.~~

*5/28/03*  
**PEYTON PLACE PROPERTIES, L.L.C.**



Principal Place of Business

Mailing Address

1520 NORTH JOHN YOUNG PARKWAY  
KISSIMMEE FL 34741

1520 NORTH JOHN YOUNG PARKWAY  
KISSIMMEE FL 34741

**10106810**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**301 Oregon Ave**

**301 Oregon Ave**

City & State

City & State

**St. Cloud, FL**

**St. Cloud, FL**

4. FEI Number

**59-3607649**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34769**

**US**

**34769**

**US**

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

**MCCUISTON, CHERYL**  
**1520 NORTH JOHN YOUNG PARKWAY**  
**KISSIMMEE FL 34741**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Cheryl McCuiston*

(NOTE: Registered Agent signature required when reinstating)

DATE

*5/30/03*

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGR**  Delete  
NAME: **MCCUISTON, CHERYL**  
STREET ADDRESS: **1520 N. JOHN YOUNG PARKWAY**  
CITY-ST-ZIP: **KISSIMMEE FL 34741**

TITLE: *McCuiiston, Cheryl*  Change  Addition  
NAME: *McCuiiston, Cheryl*  
STREET ADDRESS: *301 OREGON AVE.*  
CITY-ST-ZIP: *ST. CLOUD, FL 34769*

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

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:

*Cheryl McCuiston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*5/30/03*

Date

*407871533*

Daytime Phone #

(20.1) 3/20/03