

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

DOCUMENT # L99000007297

1. Entity Name

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

Payton 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

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

Zip

Country

Zip

Country

34769

US

34769

US

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
McCuiiston, Cheryl ☒ Change ☐ Addition
301 Oregon Ave.
St. Cloud, FL 34769

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
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 #

(CL. 11) 1004297