APPROVED

## 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L99000007859 1. Entity Name 00 JUN 29 AM 8: 45 KEYSTONE GROUP ENTERPRISES L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 760 EAST ACRE DR. 760 EAST ACRE DR. PLANTATION FL 33317 PLANTATION FL 33317-1908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc., 4. FEI Number Applied For City & State City & State Not Applicable Country<sup>-</sup> Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EVANS, LISA A Street Address (P.O. Box Number is Not Acceptable) 760 EAST ACRE DR. <del>30000331741</del> PLANTATION FL 33317. <u>-07/10/00</u>---01025---002 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. MANAGER Addition TITLE Deleta TITLE ☐ Change LISA A. EVANS -MGRM TGO EAST ALVE OF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-8T-ZIP ☐ Dedote TITLE ☐ Change Addition CCTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY- ST- 7LP TITLE NAME RAME STREET ADDRESS STREET ADDRESS CITY- \$T-ZIP CITY-ST-7IP ☐ Delete Change Addition TITI F MAME MAME STREET ADDRESS STREET ADDRESS CITY- 8T- ZIP CITY- ST-71P Change Addition Delete TITLE TITLE NAME' NAME STREET ADDRESS STREET ANNRESS C1TV- \$1-71P CITY- ST- ZIP Change ☐ Addition □ Delete TITLE KAME 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 eath; 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 AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMB

6/1/00

954-587-3011

Daytime Phone #