2001 UNIFORM BUSINESS REPORT (UBR)

| ZOU! UNIFORM BUSINESS REPORT (UDIN) | | | | | | | | | | | | |
|--|---|----------------------|------------------------------|--|---------------|-----------------------|------------------------|----------------|------------------------|--------------------|------------------------------|---------------------------|
| DOCUMENT # L9900008438 | | | | | | | | | | 1 | | |
| KDAF, LLC | | | | | | | | | FILE | . D | | |
| Principal Place of Business Mailing Address | | | | | 1.00 | | | 2001 | JUN - 7 | PM 4: 2 | 6 | |
| 7380 SAND LAKE ROAD. SUITE 600 ORLANDO FL 32819 | | | | 7380 SAND LAKE ROAD. SUITE 600 ORLANDO FL 32819 | | | | DIVISI TALI | ON OF COR LAHASSEE | PORATI , FLORII | ONS Da III.IIIII IIIII | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | DO NOT WRIT | E IN THIS S | PACE | |
| City & State | | | | City & State | | | 4. FEI N | | NOT APPLI | CABLE | | plied For t Applicable |
| Zip | Country | | | Zip Count | | try | | | tatus Desired | ive i | 5.00 Add ee Required | |
| 6. Name and Address of Current Registered Agent | | | | | | | 7. Name | and Add | ress of New R | egistered A | gent | |
| , | | | | | | Name | | | | - | | |
| A.G.C. CO. 200 SOUTH ORANGE AVENUE, SUITE 2300 | | | | | Street Addre | ss (P.O. Box N | umber is | Not Acceptable |) | | | |
| ORLANDO FL 32801 | | | | | - | | | | | | 7:- C-da | |
| | | | | | | City | | | | | FL Zip Code | |
| 8. The above | named entity | submits this stateme | nt for the pu | rpose of changing its | registere | ed office or regi | istered agent, o | or both, in | the State of Flo | rida. | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signal | | | | | | | Julied when reinstatir | ng) | | : DATE | | |
| | | | | | | | | | | 1 | | |
| | Make Check Pa | | FEE IS \$50.0 o Departmen | | | | | | | | | |
| A MANIACING MEMB | | | | ERS/MEMBERS I 10. | | | | | ADDITIONS/ | CHANGES | | |
| 9. MANAGING MEME | | | ENIDENO/INIE | Delete | TITLE | | | | - ADDITIONS) | 1 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FARWELL, 7380 SAN ORLANDO | d lake RD. | | LI Delete | NAMI STRE | | | | | | | |
| TITLE | | | | ☐ Delete | TITLE | | | | | İ | ☐ Change | ☐ Addition |
| NAME | | | | | NAMI expe | E Et address | | 70 | 0004 | 367 | 727 | 0 |
| STREET ADDRESS CITY-ST-ZIP | | | • | | | -ST-ZIP | | = | 0004 -06/0 ***** | 6/01(|)1068 | 011 75-00 (|
| TITLE | | | | ☐ Delete | TETLE Nami | | | | 4-4-4-4 | | Change | Addition |
| NAME STREET ADDRESS | ~ | • | | | | ET ADDRESS | 5 | | | i | | |
| CITY-ST-ZIP | | | | | CITY | -ST-ZIP | | | | | | _ |
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| NAME CTREET ADDRESS | | | | | NAM STRE | E ET ADDRESS | | | | | | |
| STREET ADDRESS City-SI-Zip | | | | | | -ST-ZIP | | | | 4 | | |
| TITLE | | | | ☐ Delete | TITL | E | | | | i | ☐ Change | ☐ Addition |
| NAME 1 | | | | | NAM | 1 | | | | | | |
| STREET ÄDDRESS CITY-ST-ZIP | | | | | | ET ADDRESS -ST-ZIP | | | | | | |
| | ertify that the | information supplied | d with this filir | ng does not qualify fo | | | in Section 119. | 07(3)(i), F | lorida Statutes. | I further cer | tify that the in | nformation |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(3)(i), Florida Statutes. Turner 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone I