

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008682

1. Entity Name
KEITH & BALLBE PROSPECT, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -9 PM 3:55

Principal Place of Business
1700 N.W. 64 STREET, SUITE 300
FORT LAUDERDALE FL 33309

Mailing Address
1700 N.W. 64 STREET, SUITE 300
FORT LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0966945 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|----|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| STONE, ADELE I ESQUIRE % ATKINSON, DINER ET AL. 1946 TYLER STREET HOLLYWOOD FL 33020 | | | | 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 | MGRM KEITH, JONATHAN W 680-CAMELLIA COURT PLANTATION FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BALLBE, CARLOS J 4200 NORTHEAST 15TH AVENUE OAKLAND PARK FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400003851144-6 -03/13/01--01101--016 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: X 3/7/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0012168 AF

CR2E083 (11/00)