2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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

				(00:17					
DOCUMENT # L9900009406 1. Entity Name						FILED			
ALKIM P	ROPERTIES, LLC	,				OLMAR 15 P	PH 4: 09		
Principal Place 215 N. EOLA ORLANDO F	_	Mailing Address 215 N. EOLA DRIVE ORLANDO FL 32801	15 N. EOLA DRIVE			SECRETARY OF STATE TALLAHASSEE. FLORIDA			
2 Principal (Place of Business	3. Mailing Address	·		_				
Suite, Apt	Suite, Apt. #, etc.	3, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	te	City & State	ty & State			Number 59-3622686	<u> </u>	Applied For Not Applicable	
Zip Country		Zip Cour		ntry	5. Cert	ificate of Status Desired	\$5.00 A Fee Requi	dditional	
	6. Name and Address of Current I	Registered Agent			7. Nam	e and Address of New Registe		160	
LOWNDEC JOHN F				Name		<u> </u>			
LOWNDES, JOHN F 215 N. EOLA DRIVE				Street Addre	ss (P.O. Box h	Number is Not Acceptable)			
ORLANDO FL 32801									
				City			FL Zip Co	de	
SIGNATURE	Signature, typed or printed name of registered agent as) !!! WC	d Agent signature req FEE IS \$50.0 o Departmen	0	ing) DA	XΤΕ		
9.	MANAGING MEMBE	RS / MEMBERS	10.			ADDITIONS/CHAN	GES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALISON M.KNAPP & MAYNARD K. KNAPP			E EET ADDRESS -ST-ZIP		70000389	□ Change 3 1 1 01073-	71	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANDELL, ROBERT A 1105 KENSINGTON PARK ALTIMONTE SPRINGS FL 32701	☐ Delete				*****51	貸員 非律事業 □ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANDELL, LESTER 1105 KENSINGTON PARK DRIVE ALTIMONTE SPRINGS FL 32701	. □ Delete. –					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREGG, CGARLES W 1105 KENSINGTON PARK DRIVE ALTIMONTE SPRINGS FL 32701	□ Delete		1	•		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONLEY, HAMPTON P 1105 KENSINGTON PARK DRIVE ALTIMONTE SPRINGS FL 32701	☐ Delete		ŧ.			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HISS, STEVEN F 1105 KENSINGTON PARK DRIVE ALTIMONTE SPRINGS FL 32701	Delete		1			☐ Change	(☐ Addition	
11. I hereby of indicated	certify that the information supplied with to on this report is true and accurate and the billity company or the receiver or trustee	nat my signature shall have t	the exer	mption stated in	if made unde	r oath: that I am a managing me	certify that the mber or manag	information per of the	