

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90320 039 \*\*\*\*\*50.00

**DOCUMENT # L99000009406**

1. Entity Name

**ALKIM PROPERTIES, LLC**



Principal Place of Business

Mailing Address

**215 N. EOLA DRIVE  
ORLANDO FL 32801**

**215 N. EOLA DRIVE  
ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3622686**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**20012561**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOWNDES, JOHN F  
215 N. EOLA DRIVE  
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **MGRM** ☐ Delete  
NAME **ALISON M.KNAPP & MAYNARD K. KNAPP**  
STREET ADDRESS **0153 KNUDSON RANCH ROAD**  
CITY-ST-ZIP **EDWARDS CO 81620**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **MANDELL, ROBERT A**  
STREET ADDRESS **1105 KENSINGTON PARK**  
CITY-ST-ZIP **ALTIMONTE SPRINGS FL 32701**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **MANDELL, ROBERT A.**  
STREET ADDRESS **1105 Kensington Park Drive**  
CITY-ST-ZIP **Altamonte Spring, Fl. 32701**

TITLE **MGRM** ☐ Delete  
NAME **MANDELL, LESTER**  
STREET ADDRESS **1105 KENSINGTON PARK DRIVE**  
CITY-ST-ZIP **ALTIMONTE SPRINGS FL 32701**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **MANDELL, LESTER**  
STREET ADDRESS **1105 Kensington Park Drive**  
CITY-ST-ZIP **Altamonte Springs, Fl. 32701**

TITLE **MGRM** ☐ Delete  
NAME **GREGG, CHARLES W**  
STREET ADDRESS **1105 KENSINGTON PARK DRIVE**  
CITY-ST-ZIP **ALTIMONTE SPRINGS FL 32701**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **GREGG, CHARLES W.**  
STREET ADDRESS **1105 Kensington Park Drive**  
CITY-ST-ZIP **Altamonte Springs, Fl. 32701**

TITLE **MGRM** ☐ Delete  
NAME **CONLEY, HAMPTON P**  
STREET ADDRESS **1105 KENSINGTON PARK DRIVE**  
CITY-ST-ZIP **ALTIMONTE SPRINGS FL 32701**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **CONLEY, HAMPTON P.**  
STREET ADDRESS **1105 Kensington Park Drive**  
CITY-ST-ZIP **Altamonte Springs, Fl. 32701**

TITLE **MGRM** ☒ Delete  
NAME **HISS, STEVEN F**  
STREET ADDRESS **1105 KENSINGTON PARK DRIVE**  
CITY-ST-ZIP **ALTIMONTE SPRINGS FL 32701**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **THE GREATER CONSTRUCTION**  
STREET ADDRESS **CORP.**  
CITY-ST-ZIP **1105 Kensington Park Drive**  
**Altamonte Springs, Fl. 32701**

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:**

*SIGNATURE*

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

Date

Daytime Phone #

CR2E083 (10/02)