

2001 UNIFORM BUSINESS REPORT (UBR)

0013094 AF

DOCUMENT # M00000000334
1. Entity Name
 KELCO/FB TALLAHASSEE, LLC

FILED
 01 APR 26 PM 5:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**
 2700 S COMMERCE PARKWAY 2700 S COMMERCE PARKWAY
 STE 313 STE 313
 WESTON FL 33331 WESTON FL 33331

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number
 65-0999406 **Applied For**
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SLAY, KELLEY D
 2700 S COMMERCE PARKWAY
 STE 313
 WESTON FL 33331

7. Name and Address of New Registered Agent
 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 _____ 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 Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELCO/FB, LLC 2700 S COMMERCE PARKWAY STE 313 WESTON FL 33331 <input type="checkbox"/> Delete
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10. ADDITIONS / CHANGES	
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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: *Kelley D. Slay* 4/18/01 954-384-2478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)