

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90593 003 ****50.00

DOCUMENT # M000000000334
1. Entity Name
Kelco/FB Tallahassee, LLC

DO NOT WRITE IN THIS SPACE

958097

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
27005, Commerce Parkway
Suite, Apt. #, etc.
313
City & State
Weston, FL
Zip
33331 Country

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0999406 Applied For
Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Kelley D. SLAY
Street Address (P.O. Box Number is Not Acceptable)
27005, Commerce Parkway Ste 313
City Weston FL Zip Code 33331

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.

DATE _____

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MEMBER</u> <u>Kelco/FB, LLC</u> <u>810 Seventh Ave. 28th Floor</u> <u>New York, NY 10019</u>
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4/16/02 954-384-2478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #