

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **MO0000001083**

1. Entity Name

**KR PENSACOLA II MANAGER LLC**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90051 022 \*\*\*\*50.00

Principal Place of Business

**580 WEST GERMANTOWN PIKE  
PLYMOUTH MEETING PA 19462**

Mailing Address

**580 WEST GERMANTOWN PIKE  
PLYMOUTH MEETING PA 19462**

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 **23-3087648**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATE SYSTEMS  
660 EAST JEFFERSON STREET  
TALLAHASSEE FL 32301**

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 N/A

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DEMUTH, GEORGE  
580 WEST GERMANTOWN PIKE  
PLYMOUTH MEETING PA 19462** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO  
STREHLE, ETTA M  
580 WEST GERMANTOWN PIKE  
PLYMOUTH MEETING PA 19462** ☐ Delete

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

TITLE  
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CITY-ST-ZIP  
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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: Signature of ETTA M Strehle

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

1-8-02

Date

610-825-7100

Daytime Phone #

CR2E083 (9/01)