

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90149 024 \*\*\*\*50.00

**DOCUMENT # M00000002355**

1. Entity Name

**NEW PORT RICHEY INVESTORS, LLC**



Principal Place of Business

**CLARION HOTEL  
5316 U.S. HWY. 319  
NEW PORT RICHEY FL 34652**

Mailing Address

**C/O RAICHE & COMPANY  
680 CENTRAL AVENUE  
DOVER NH 03820**

2. Principal Place of Business

**Clarion Hotel**

3. Mailing Address

Suite, Apt. #, etc.

**5316 U.S. HWY. 319**

City & State

**New Port Richey, FL**

Zip

**34652**

Country

**USA**

Zip

Country

4. FEI Number

**02-0521633**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD.  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lisa Goodman Bookkeeper*

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

(NOTE: Registered Agent signature required when reinstating)

**3/11/03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	RAICHE, LAWRENCE R CPA	680 CENTRAL AVE.	DOVER NH 03820	<input type="checkbox"/>
MGRM	KT INVESTMENTS, LLC	300 WOODBURY AVENUE	PORTSMOUTH NH 03801	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Laurence R Raiche* **REQUIRED**

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

**3/11/03**

Date

**603-742-8894**

Daytime Phone #

CR2E083 (10/02)