

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002579

1. Entity Name

KINGSLEY MANAGEMENT, LLC

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90407 048 ****50.00

Principal Place of Business

103 BROAD STREET, 2ND FLOOR
BOSTON MA 02110

Mailing Address

103 BROAD STREET, 2ND FLOOR
BOSTON MA 02110

967953



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

95 Hamilton Place
Suite, Apt. #, etc.
Suite 301

3. Mailing Address

95 Hamilton Place
Suite, Apt. #, etc.
Suite 301

City & State

Boston MA

City & State

Boston MA

4. FEI Number

04-3477410

Applied For

Not Applicable

Zip

02108

Country

USA

Zip

02108

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIEB, MATTHEW
7211 MERRILL RD.
JACKSONVILLE FL 32211

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME LIEB, MATTHEW
STREET ADDRESS 103 BROAD STREET, 2ND FLOOR
CITY-ST-ZIP BOSTON MA 02110
☐ Delete

TITLE
NAME
STREET ADDRESS 95 Hamilton Place Suite 301
CITY-ST-ZIP Boston MA 02108
☒ Change ☐ Addition

TITLE MGR
NAME JONES, CHRIS
STREET ADDRESS 103 BROAD STREET, 2ND FLOOR
CITY-ST-ZIP BOSTON MA 02110
☐ Delete

TITLE
NAME
STREET ADDRESS 95 Hamilton Place Suite 301
CITY-ST-ZIP Boston MA 02108
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Matthew C. Lieb 5/6/02 (617) 357-874

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

Date

Daytime Phone #

CR2E083 (9/01)