

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90108 009 \*\*\*\*50.00

**DOCUMENT # M01000001490**

1. Entity Name

**K & S ARLINGTON LAKES LLC**

Principal Place of Business

**7001 BRUSH HOLLOW RD.  
WESTBURY NY 11590**

Mailing Address

**7001 BRUSH HOLLOW RD.  
WESTBURY NY 11590**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **11-3564810**

Applied For

Not Applicable

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

**NAPLES-LAWDOCK, INC.  
4501 TAMiami TRAIL NORTH, STE. 300  
NAPLES FL 34103-3060**

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

**MGR**  
**Edward Kalikow**  
**7001 Brush Hollow Road**  
**Westbury NY 11590**

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 REQUIRED****Edward Kalikow****1/22/02****316-876-4800**

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

Date

Daytime Phone #

CR2E083 (9/01)