

# 2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2

0030971

**DOCUMENT # M97000000739**  
 1. Entity Name  
**KENDALL LAKE TOWERS, LLC**

**FILED**

01 FEB 14 AM 9:46

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**818 W. BROOKS AVENUE**      **818 W. BROOKS AVENUE**  
**NORTH LAS VEGAS NV 89030**      **NORTH LAS VEGAS NV 89030**

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      Applied For  
**33-0727865**      Not Applicable  
 5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SCHAEFFER, NEIL**  
**8452 GARDENS CIRCLE #4**  
**SARASOTA FL 34243**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**243 North Shore Drive**  
 City      **Osprey**      **FL**      Zip Code **34229**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME MGRM ASB KENDALL SERVICES CORP 818 W. BROOKS AVENUE NORTH LAS VEGAS NV 89030	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME Member Real Property Services Corp. 818 West Brooks Avenue North Las Vegas, Nevada 89030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Member E. James Keledjian 220 W. Huron #500 W Chicago, Illinois 60610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

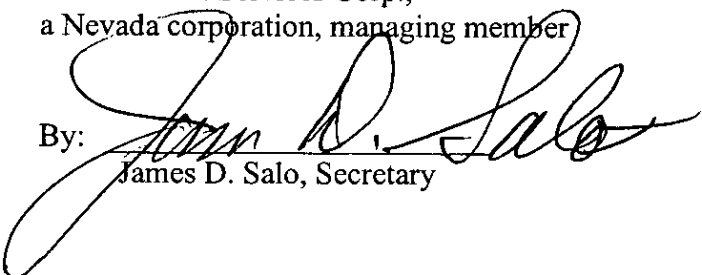
**SIGNATURE:** *James D. Salo*      **James D. Salo**      1/30/01      (702) 313-3700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (11/00)

**Signature Block:**

**Kendall Lake Towers, LLC**  
a Nevada limited liability company,

By: ASB Kendall Services Corp.,  
a Nevada corporation, managing member

By:   
James D. Salo, Secretary