

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90007 030 ****55.00

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DOCUMENT # M97000000739



1. Entity Name
KENDALL LAKE TOWERS, LLC

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 **33-0727865** 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

MAYHOOD, LYNN
9951 ATLANTIC BLVD
SUITE 440
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name
Ivy Montero
Street Address (P.O. Box Number is Not Acceptable)
15221 Southwest 80th Street
Miami, Florida 33193
City **Miami** FL Zip Code
33193

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	MEM REAL PROPERTY SERVICES CORP. 818 WEST BROOKS AVE. NORTH LAS VEGAS NV 89030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM KELEDJIAN, JAMES E 220 W. HURON #500 W CHICAGO IL 60610	<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"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **SIGNATURE REQUIRED** (See attached signature block) **(702) 313-3700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)

Attachment


30054121

1197000000739

Signature Block:

Kendall Lake Towers, LLC
a Nevada limited liability company,

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

By: 
David M. Lerner, Vice President