

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90005 024 \*\*\*\*55.00

**DOCUMENT # M98000000210**

1. Entity Name

**KITE DAYTONA, L.L.C.**



Principal Place of Business

C/O KITE DEVELOPMENT, INC.  
6610 N. SHADELAND AVENUE, SUITE 200  
INDIANAPOLIS IN 46220

Mailing Address

C/O KITE DEVELOPMENT, INC.  
6610 N. SHADELAND AVENUE, SUITE 200  
INDIANAPOLIS IN 46220

2. Principal Place of Business

**30 South Meridian Street**

Suite, Apt. #, etc.

**Suite 1100**

City & State

**Indianapolis, IN**

Zip  
**46204**

Country  
**USA**

3. Mailing Address

**30 South Meridian Street**

Suite, Apt. #, etc.

**Suite 1100**

City & State

**Indianapolis IN**

Zip  
**46204**

Country  
**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **35-2039567**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**EVANS, JOHN H ESQ.**  
**1702 SOUTH WASHINGTON AVENUE**  
**TITUSVILLE FL 32780**

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**KITE, PAUL W**  
**6610 N. SHADELAND AVENUE**  
**INDIANAPOLIS IN 46220** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**KITE, JOHN A**  
**6610 N. SHADELAND AVENUE, STE. 200**  
**INDIANAPOLIS IN 46220** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**KITE, ALVIN E**  
**6610 N SHADELAOD AVENUE STE 200**  
**INDIANAPOLIS IN 46220** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**30 South Meridian Street # 1100**  
**Indianapolis, IN 46204**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**30 South Meridian Street # 1100**  
**Indianapolis, IN 46204**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**30 South Meridian Street # 1100**  
**Indianapolis, IN 46204**

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

**SIGNATURE (John A. Kite MGRM)**

**4/1/03 (317) 577-5600**

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

Date

Daytime Phone #

CR2E083 (10/02)

0071354