

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000894

1. Entity Name

BARRY KAYE MANAGEMENT COMPANY, L.L.C.

Principal Place of Business

5100 TOWN CENTER CIRCLE
BOCA CENTER, TOWER II, STE 440
BOCA RATON FL 33486

Mailing Address

1901 AVENUE OF THE STARS, SUITE 500
LOS ANGELES CA 90067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Barry Kaye Management, LLC
5100 Town Center Circle, # 440 Tw II
Boca Raton, FL 33486
561-417-5883 Fax 417-3558

City & State

Zip

Country

6. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

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 September 26, 2001

500004474665--4
-07/13/01--01072--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KAYE, BARRY
5100 TOWN CENTER CIRCLE, SUITE 440
BOCA RATON FL 33486 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MBR
KAYE, BARRY
5100 TOWN CENTER CIRCLE, SUITE 440
BOCA RATON FL 33486 ☐ Delete

TITLE
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CITY-ST-ZIP
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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED

01 JUL -9 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number

65-0950175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

CR2E083 (5/01)

STAPLE CHECK HERE