

# 2001 UNIFORM BUSINESS REPORT (UBR)

0027134 AF

DOCUMENT # M99000002028

1. Entity Name  
KROCKER LAND DEVELOPMENT, L.L.C.

FILED

01 MAY -1 PM 5:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
14159 MARIAH COURT, SUITE 3  
CHANTILLY VA 20151-9998

Mailing Address  
14159 MARIAH COURT, SUITE 3  
CHANTILLY VA 20151-9998



2. Principal Place of Business  
14159 MARIAH COURT  
Suite, Apt. #, etc.  
SUITE #3

3. Mailing Address  
14159 MARIAH COURT  
Suite, Apt. #, etc.  
SUITE #3

DO NOT WRITE IN THIS SPACE

City & State  
CHANTILLY, VA

City & State  
CHANTILLY, VA

4. FEI Number 54-1877569

Applied For  
Not Applicable

Zip Country  
20151 USA

Zip Country  
20151 USA

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

## 6. Name and Address of Current Registered Agent

LAUFFER, LAWRENCE C  
2025 CLUB DRIVE  
VERO BEACH FL 32963

## 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 LAWRENCE C. LAUFFER 4/19/01  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

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

-05/22/01--01012--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME KROCKER, CHARLES S  
STREET ADDRESS 14159 MARIAH COURT, SUITE 3  
CITY-ST-ZIP CHANTILLY VA 20151-9998 ☐ Delete

TITLE MEM  
NAME LAUFFER, LAWRENCE C  
STREET ADDRESS 2025 CLUB DRIVE  
CITY-ST-ZIP VERO BEACH FL 32963 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

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

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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.

CHARLES S. KROCKER

SIGNATURE: Charles S. Krocker 4/19/01 (703) 449-8093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)