2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000010867 1. Entity Name K & R PROPERTIES OF ORLANDO, INC.

FILED Jan 23, 2001 8:00 am Secretary of State 01-23-2001 90130 001 ***150.00

2. Principal Place of Business 3. Mailing Address Suite, Apt. 4, etc. DO NOT Wrist Is IN THIS SPACE City & State Space S	Principal Plac	e of Business	Mailing Address								
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City & State Country Country S. Conflicate of Status Doeled Name Name Name Name Street Address of New Registered Agent Name Street Address of New Registered Agent Street Address of	2. Principal F	Place of Business	3. Mailing Address			7					
Zip Country Zip Country S. Certificate of Status Desired S. S. 75 Additional Peo Required 6. Name and Address of Current Registered Agent Name BRADFORD, CARTER A 130 HILLCREST ST ORLANDO FL 32801 City FL Zip Code 6. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Foorida. SIGNATURE Synears, speed or priced frame or registered agent and the flapshoate. In CITY FL Zip Code 6. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Foorida. SIGNATURE Synears, speed or priced frame or registered agent and the flapshoate. In CITY Flapshoad Agent scralable for Department of State After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee wi	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
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BRADFORD, CARTER A 130 HILLCREST ST ORLANDO FL 32801 6. 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 9. This corporation is eligible to satisfy its 'intangible Tax Hilling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME PROBERTS, GARY S 10. BISMARK COURT ON'S1-7P OP ORLANDO FL 32812 THE NAME STREET ADDRESS ON'S1-7P ORLANDO FL 32812 THE ORLANDO FL 32	Zip	Country	Zip	Count	гу	5. (Certificate of Status Desired		8.75 Add	ditional	
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130 HILLCREST ST ORLANDO FL 32801 City FL Zip Code City FL Zip C					Name						
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 preted name or registered agent and one if applicable. P. This corporation is eligible to satisfy its Intangible. FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State P. ROBERTS, GARY S STREET ADRESS CITY-ST-2IP TITLE NAME STREET ADRESS CITY-ST-2IP TITLE NAME STREET ADRESS CITY-ST-2IP TITLE NAME STREET ADRESS CITY-ST-2IP TITLE NAME STREET ADRESS CITY	130	HILLCREST ST			Street Addres	ss (P.O. E	Box Number is Not Acceptable)				
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 Fiorida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) DATE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE Delete TILE Delete TILE Delete TILE DAME Delete TILE Delete T					City			FI	Zip Cod	e	
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13. Thereby 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 supplied with this filing does		<u> </u>	 								

of the corporation or the receiver of trustest and accurage and triat my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver of trustest expowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: