## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0000001767  1. Entity Name						FILED		
STEAMBOAT VENTURES, LTD.					02 J	02 JAN -9 PM 4: 37		
					ŞECF	SECRETARY OF STATE		
Principal Place of Business Mailing Address					TALLAHASSEE. FLORIDA			
3301 OAK VISTA DRIVE 3301 OAK VISTA DRIVE DAYTONA BEACH FL 32124 DAYTONA BEACH FL 32124								
. 1								
2. 3 / rincipal Place of Business 3. Mailing Address					//0			
Suite, Apt. #, etc.						DUE BY MAY 1, 2002		
Cily & Stat	е	City & State		4. FEI Numbe	59-3677843	Applied For Not Applicable		
Zip 、	Country	Zip	Country		5. Certificate		8.75 Additional ee Required	
•	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Ager		gent		
EDIEDMA	N DICHADO A			Name	Name			
FRIEDMAN, RICHARD A 3301 OAK VISTA DRIVE				Street Addre	ess (P.O. Box Numbe	P.O. Box Number is Not Acceptable)		
DAYTONA BEACH FL 32124				City	ity <b>E1</b> Zip Code			
					f la			
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 a	and title if applicable.				DATE		
9. Capital Contributions as Shown on record. \$450,000.00 10. Amount of Capital Contributions in FLORIDA to date				butions 450	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENT Y NOT be changed on the	ITY Me form	IUST BE REC	GISTERED AND A	CTIVE WITH THIS OFFICE d to change a general part	ner.	
12. GENERAL PARTNER INFORMATION				3. ADDRESS CHANGES ONLY				
DOCUMENT # NAME	P9900071427 KLF REALTY, INC. 3301 OAK VISTA DRIVE DAYTONA BEACH FL 32124			EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
DOCUMENT # NAME			STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	- 60	6000047764562		
DOCUMENT / NAME	NT#			EET ADDRESS		6000047764562 -01/16/0201005012 ****535.00 *****535.00		
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
DOCUMENT # NAME			STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT #			STRE	EET ADDRESS				
STREET ADDRESS CITY-S7-ZIP	<b>→</b>			-ST-ZIP				
DOCUMENT # NAME			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes								