

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A0100000641**

1. Entity Name

**2604 CLARK STREET, LLLP**

FILED

02 FEB -7 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2604 CLARK STREET  
APOPKA FL 32703**

**2604 CLARK STREET  
APOPKA FL 32703**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

Applied For

**59-3714777**

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCPHERSON, ANDREW S  
2604 CLARK STREET  
APOPKA FL 32703**

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

*Andrew S. McPherson*

Signature, typed or printed name of registered agent and title if applicable.

**1/14/02**

DATE

9. Capital Contributions as Shown on record.

**\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$ 761,062**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>J69098 KRJ HOLDINGS, INC. 2604 CLARK STREET APOPKA FL 32703</b>
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500004915695--8</b>
CITY-ST-ZIP	<b>02/13/02 01075 004</b>
STREET ADDRESS	<b>***526.25 ***526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-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

SIGNATURE:

*Andrew S. McPherson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/14/02**  
Date

**407-290-9440**  
Daytime Phone #

CR2E003 (9/01)