2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000280S AV

DOCUMENT # A01000001155

1. Entity Name
KIRKMAN CENTER, LTD.

FILED
03 APR 23 AM 9:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

Principal Place of Business	Mailing Address
20636 BISCAYNE BOULEVARD AVENTURA FL 33180	20636 BISCAYNE BOULEVARD AVENTURA FL 33180

2. Principal Place of Business	3. Mailing Address
20614 Biscayne Blvd.	20614 Biscayne Blvd. 4/23
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country: USA	Zip: 33180 Country: USA

DUE BY MAY 1, 2003

4. FEI Number 65-1138183 ☐ Applied For ☐ Not Applicable

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
HALBERSTEIN, DANIEL 20636 BISCAYNE BLVD. AVENTURA FL 33180	Name Street Address (P.O. Box Number is Not Acceptable): 20614 Biscayne Blvd. City: Aventura FL Zip Code: 33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 4/21/03
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$500.00	3,133,361.00	

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 #	P01000085029	STREET ADDRESS	20614 Biscayne Blvd.
NAME	KIRKMAN CENTER, INC.	CITY-ST-ZIP	Aventura, FL 33180
STREET ADDRESS	20636 BISCAYNE BOULEVARD		
CITY-ST-ZIP	AVENTURA FL 33180		
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

STAPLE CHECK HERE

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: SIGNATURE REQUIRED 4/21/03 (305) 933-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #