2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # A0200000280 1. Entity Name KIRK FAMILY PROPERTIES, LTD. 03 MAY -6 AM 9: 29 -SECRETARY OF STATES, TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1250 BEACH DRIVE, N.E. 1250 BEACH DRIVE, N.E. ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State City & State 4. FEI Number Applied For 03-0394993 Not Applicable \$8.75 Additional Zip Country Zip. Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SADORF, RICK W C/O LEFTER, CUSHMAN & WILKINSON, P.A. Street Address (P.O. Box Number is Not Acceptable) 695 FIRST AVENUE NORTH, SUITE 201 ST. PETERSBURG, FL 33701 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Synature, typed or printed name of registered agent and title if applicable 10. Amount of Capital Contributions 9. Capital Contributions MAXE CHECK PAYABLE TO FL. DEPT. OF STATE in FLORIDA to date. as Shown on record. \$1,649,250.00 -19,122A 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. L02000003635 DOCUMENT / CRZE003 (10/0Z) STREET ADDRESS KIRK HOLDINGS, LLC NAME 1250 BEACH DRIVE, N.E. STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33701 CITY -ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 100018296951 95/96/93 919/9 911 **222.69 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY -S1-2IP DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP . 5 CITY-ST-ZIP STREET ADDRESS NAME STREET ADDRESS CITY -5T-2IP CITY-S1-202 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Flonda Statutes

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