

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25830**

1. Entity Name

HKM, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 PM 5: 35



DO NOT WRITE IN THIS SPACE

Principal Place of Business

501 S. NEW YORK AVE.
WINTER PARK FL 32789

Mailing Address

501 S. NEW YORK AVE.
WINTER PARK FL 32789-4241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1773537

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLD, ROBERT P.
501 S. NEW YORK AVE.
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

City

Plantation

FL

Zip Code

33324

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

Mary R. Adams

MARY R. ADAMS

ASSISTANT SECRETARY

2-28-00

DATE

9. Capital Contributions as Shown on record.

\$1,047,750.00

10. Amount of Capital Contributions in FLORIDA to date.

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

GRAF ZU MUNSTER, HERMANN
UMWESERSTRASSE 66,D-7570
BADEN-BADEN 11,GERMANY

STREET ADDRESS
CITY - ST - ZIP

Umwegerstrasse 66
D76488 Baden-Baden, Germany

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

THYSSEN, PETER
GUNTHERSTRASSE 21, 8000
MUENCHEN 19,GERMANY

STREET ADDRESS
CITY - ST - ZIP

Guntherstrasse 21
D80639 Muenchen, Germany

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 Peter Thyssen, General Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02-16-00

615-256-8787

CR2E003 (02/01)