

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25830**

1. Entity Name

HKM, LTD.

FILED

Principal Place of Business

Mailing Address

**501 S. NEW YORK AVE.
WINTER PARK FL 32789**

**501 S. NEW YORK AVE.
WINTER PARK FL 32789**

01 MAY -4 PM 12:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

147 West Lyman Avenue

147 West Lyman Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL 32789

City & State

Winter Park, FL 32789

4. FEI Number

58-1773537

Applied For

Not Applicable

Zip

32789

Country

Zip

32789

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

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	STREET ADDRESS	CITY - ST - ZIP
	GRAF ZU MUNSTER, HERMANN	UMWERGERSTRASSE 66	D76488 BADEN-BADEN, GERMANY		
	THYSSEN, PETER	GUNTHERSTRASSE 21	D80639 MUENCHEN, GERMANY	600004338796--2	-06/01/01--01104--014
				****526.25	****526.25

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:

Peter Thyssen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Peter Thyssen, General Partner, 4/17/01 (615) 373-6910

Date

Daytime Phone #