000 UNIFORM BUSINESS REPORT (UBR)

CUMENT # A27599
ty Name
K LIMITED

FILED
00 MAR 13 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

al Place of Business
OX ~~1757~~ 640
MA CITY FL 32402

Mailing Address
P.O. BOX 1757
PANAMA CITY FL 32402-0640

DO NOT WRITE IN THIS SPACE

cipal Place of Business

3. Mailing Address

e, Apt. #, etc.

Suite, Apt. #, etc.

& State

City & State

4. FEI Number 59-1943396

☐ Applied For
☐ Not Applicable

Country

Zip

Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ER, CHARLES S., III
MAGNOLIA AVENUE
. DRAWER 430
NAMA CITY FL 32402

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

TURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

ital Contributions Shown on record. **$1,416,258.75**

10. Amount of Capital Contributions in FLORIDA to date. 386,116.28

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.

GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY	
NT #	STREET ADDRESS	700003180567--7
DDRESS	CITY-ST-ZIP	03/22/00 01102 005
ZIP		****526.25 ****526.25
VICKERY, HENRY T. 109 GREENWOOD DRIVE PANAMA CITY BCH FL		
NT #	STREET ADDRESS	
DDRESS	CITY-ST-ZIP	
ZIP		
NT #	STREET ADDRESS	
DDRESS	CITY-ST-ZIP	
ZIP		
NT #	STREET ADDRESS	
DDRESS	CITY-ST-ZIP	
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DDRESS	CITY-ST-ZIP	
ZIP		
NT #	STREET ADDRESS	
DDRESS	CITY-ST-ZIP	
ZIP		

CR2E003 (9/99)

ereby 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 dicated 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 e receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

NATURE: SIGNATURE REQUIRED 3/8/2000 850.785.4122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #
HENRY T. VICKERY