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2002 UNIFORM	DUSINESS	REPURI	(VDN)

DOCUI	MENT # A3U23	4		A STATE	N 2 /28	
KIRKLAN	nd Holding, Ltd.		į	. z pr	FILED STATE VISION OF CORPORATIONS	
Principal Place 701 BRICKELI SUITE 850 MIAMI FL 331	L AVE.	Mailing Address 701 BRICKELL AVE. SUITE 850 MIAMI FL 33131		Ċ	DS MAA 13 WW 10: 1 P	
2. Principal Place of Business 801 Brickell Ave 801 Brickell		Ave		1 1 1 1 1 1 1 1 1 1		
Suite, Apt. #, etc. Suite, Apt. #, etc. 16th Floor 16th Floor			DUE BY MAY 1, 2002			
City & State	, FL 33131	City & State Miami, FL 33	131		4. FEI Number 65-0413936 Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	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	
CT CORP	ORATION SYSTEM			Name Street Address (P.O. Box Number is Not Acceptable)		
1200 SOl	JTH:PINE:ISLAND:RD:			Street Addre	555 (T.O. DOX Harrison to Not Acceptable)	
PLANTAT	ION FL 33324			City	Zip Code	
				Ony	FL Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or reg	pistered agent, or both, in the State of Fiorida.	
GIGHTATORE.	Signature, typed or printed name of registered agent a				DATE	
9. Capital Coas Shown of	on record.	10. Amount of Capita in FLORIDA to da	ate.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
					GISTERED AND ACTIVE WITH THIS OFFICE. ment must be filed to change a general partner.	
12.	GENERAL PARTNER	INFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT # L81727 NAME KIRKLAND HOLDINGS, INC. STREET ADDRESS 701 BRICKELL AVE.#850		STR	EET ADDRESS	801 Brickell Ave, 16th Floor		
CITY-ST-ZIP	MIAMI FL 33131-2851		ÇITY	/-ST-ZIP	Miami, FL 33131	
DOCUMENT # NAME STREET ADDRESS	AME KIRKLAND HOLDINGS, LTD.		STR	EET ADDRESS		
CITY-ST-ZIP	ROAD TOWN,B.V. ISLAN		CiTY	r-ST-ZIP		
DOCUMENT # NAME			STR	EET ADDRESS		
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DOCUMENT # NAME			STR	EET ADDRESS	-05/13/0201006004 ***1261_25 ****158_75	
STREET ADDRESS CITY-ST-ZIP	,		CITY	7-ST-ZIP	and the second	
DOCUMENT #			STR	EET ADDRESS	L	
ET ADDRESS Y-ST-ZIP			CITY	Y-ST-ZIP		
DOCUMENT #			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				r-ST-ZIP		
14. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	this filing does not qualify for that my signature shall have t	the exe he sam	emption stated in e legal effect as	in Section 119.07(3)(i), Florida Statutes. I further certify that the information s if made under oath; that I am a General Partner of the limited partnership o	

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

3/21/02

305-381-8340

Daytime Phone #