


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A32164

1. Entity Name
KAYANN INVESTMENTS, LTD.



FILED
03 JAN 15 PM 3:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
6915 MAIN ST. #432
MIAMI LAKES FL 33014-6577

Mailing Address
6915 MAIN ST. #432
MIAMI LAKES FL 33014-6577



2. Principal Place of Business
Suite; Apt. #, etc.
City & State
Zip, Country

3. Mailing Address
Suite; Apt. #, etc.
City & State
Zip, Country

DUE BY MAY 1, 2003

4. FEI Number **65-0292935**

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

M & W AGENTS, INC.
BOCA CORPORATE CENTER, STE. 107
2101 CORPORATE BLVD.
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$120,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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	
DOCUMENT #	S89111
NAME	KELA, INC.
STREET ADDRESS	6915 MAIN ST. #432
CITY-ST-ZIP	MIAMI LAKES FL 33014
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	250010135622
CITY-ST-ZIP	01/15/03-01079-008 **526.25
STREET ADDRESS	200010135622
CITY-ST-ZIP	01/15/03-01079-008 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *KIGNAGURE* **1/13/03** **305-558-3343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)