

2000 UNIFORM BUSINESS REPORT (UBR)

2000 UBR

DOCUMENT # A94000000329

1. Entity Name
KKP - CHIPPEWA, LTD.

Principal Place of Business
**3020 Hartley Road, Ste. 300
 Jacksonville, FL 32257**

Mailing Address
**3020 Hartley Road, Ste. 300
 Jacksonville, FL 32257**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 APR 27 AM 3:05

Handwritten initials



2. Principal Place of Business
3020 Hartley Road
 Suite, Apt. #, etc.
Suite 300
 City & State
Jacksonville, FL
 Zip
32257 Country
USA

3. Mailing Address
3020 Hartley Road
 Suite, Apt. #, etc.
Suite 300
 City & State
Jacksonville, FL
 Zip
32257 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3231318** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
FARRELL, MARK T
3020 Hartley Road, Ste. 300
Jacksonville, FL 32257

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.

SIGNATURE _____ DATE: **April 4, 2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$933,604.00**

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	P94000020141 KKP - CHIPPEWA, INC. 3030 HARTLEY ROAD, SUITE 100 JACKSONVILLE FL 32257	STREET ADDRESS CITY - ST - ZIP	3020 Hartley Road, Ste. 300 Jacksonville, FL 32257
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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: *Signature* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **April 4, 2000** Phone: **(904) 260-3030**

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