

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001999 AT

**DOCUMENT # A96000000195**  
 1. Entity Name  
**KATANA LIMITED PARTNERSHIP**

**FILED**  
 01 JUL 10 AM 8:47  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
**P.O. BOX 353730  
 PALM COAST FL 32135**

Mailing Address  
**P.O. BOX 353730  
 PALM COAST FL 32135**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

**DUE BY SEPTEMBER 26, 2001**

City & State

4. FEI Number **59-3361781**  
 Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**  
**ECKER, EDWARD**  
**5 CHERRY CT**  
**PALM COAST FL 32137**

**7. Name and Address of New Registered Agent**  
 Name **ECKER EDWARD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**115 ANCHORAGE DR.**  
 City **FLAGLER BEACH FL** Zip Code **32136**

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 EDWARD ECKER *Edward Ecker* 7/9/01  
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. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 1000.00**

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**

DOCUMENT #	<b>ECKER, EDWARD</b> <b>P.O. BOX 353730 N/A</b> <b>PALM COAST FL 32135</b>
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	
DOCUMENT #	
NAME	
STREET ADDRESS CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	<b>300004488543--9</b> <b>-07/20/01--0110--019</b> <b>****541.25 ****541.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

CR2E003 (5/01)

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: *Edward Ecker* **EDWARD ECKER** 7/9/01 386439 1276  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #