

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED APR 27 2000

**DOCUMENT # A96000001793**

1. Entity Name  
**KEISER COMMONS ASSOCIATES, LTD.**

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

Principal Place of Business  
226 N. DUVAL  
TALLAHASSEE FL 32301

Mailing Address  
P.O. BOX 13633  
TALLAHASSEE FL 32317-3633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3417806</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>RUDNICK, JAMES M</b> 226 N. DUVAL TALLAHASSEE FL 32301				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$98,000.00**

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 #	P96000078910	STREET ADDRESS	
NAME	RUDNICK COMMONS CORPORATION	CITY - ST - ZIP	300003259833--3
STREET ADDRESS	410 OFFICE PLAZA		05/22/00 01002 017
CITY - ST - ZIP	TALLAHASSEE FL 32317		****526.25 ****526.25
DOCUMENT #	P96000078903	STREET ADDRESS	
NAME	KEISER COMMONS CORP.	CITY - ST - ZIP	
STREET ADDRESS	1600 N.W. 49TH STREET		
CITY - ST - ZIP	FT. LAUDERDALE FL 33309		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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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: SIGNATURE REQUIRED DATE: 4/25/00 DAYTIME PHONE #: 850-671-1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FORM 1000-100