

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 JUN 14 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0012019 AF

DOCUMENT # A96000001793
1. Entity Name
KEISER COMMONS ASSOCIATES, LTD.

Principal Place of Business Mailing Address
226 N. DUVAL **P.O. BOX 13633**
TALLAHASSEE FL 32301 **TALLAHASSEE FL 32301**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip **32317** Country

4. FEI Number **59-3417806** Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RUDNICK, JAMES M
226 N. DUVAL
TALLAHASSEE FL 32301

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 _____
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. **\$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	
DOCUMENT #	P96000078910
NAME	RUDNICK COMMONS CORPORATION
STREET ADDRESS	410 OFFICE PLAZA
CITY-ST-ZIP	TALLAHASSEE FL 32317
DOCUMENT #	P96000078903
NAME	KEISER COMMONS CORP.
STREET ADDRESS	1600 N.W. 49TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33309
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	
CITY-ST-ZIP	400004423534--5
	-06/15/01--01106--019
	****\$26.25 ****\$26.25
STREET ADDRESS	
CITY-ST-ZIP	
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:  **James M. Rudnick** 4/12/01 850-671-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)