2002	CHIFORM BUS	INE33 NEI	ONI	(UBN)				)6757
DOCUMENT # A9600001793  1. Entity Name  KEISER COMMONS ASSOCIATES, LTD.					· 51	ኒ ይઈ 24 PM 2: 49	1.5	*57 AT
Principal Place of Business  226 N. DUVAL  TALLAHASSEE FL 32301		Mailing Address P.O. BOX 13633 TALLAHASSEE FL 3	<u>₹</u>		TALLAHA	RY OF STATE SSEE, FLORIDA	<b>15-</b>	l
2. Principal Place of Business 3. Mailing Address			······································					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2002			
City & State	9	City & State		4. FEI Number	59-3417806	Applied For Not Applicab	ie	
Zip Country		Zíp	Count	try	5. Certificate of Status Desired S8.75 Additional Fee Required  7. Name and Address of New Registered Agent			
	6. Name and Address of Currer	nt Registered Agent		Name	7. Name and A	agress of New Registered	Agent	$\dashv$
RUDNICK, JAMES M 226 N. DUVAL					s (P.O. Box Number	is Not Acceptable) · · · ·		
TALLAHASSEE FL 32301				City ,	<del></del>	FL	Zip Code	_
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  A GENERAL PARTNER THAT IS A BUSINESS ENTITION.  NOTE: General Partners MAY NOT be changed on the				ributions  11. MAKE CHECK PAYABLE TO DEPT. OF ST  SEE REVERSE SIDE FOR FEE INFORMAT  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  m; an amendment must be filed to change a general partner.			OR FEE INFORMATION E.	_
12.		ER INFORMATION	13.	,		ADDRESS CHANGES ON		-
DOCUMENT # NAME STREET ADDRESS	P96000078910 RUDNICK COMMONS CORPORATION 410 OFFICE PLAZA			ET ADDRESS -ST-ZIP				2E003 (9/01)
CITY-ST-ZIP DOCUMENT #	TALLAHASSEE FL 32317 P96000078903			ET ADDRESS	3000053955131 -04/30/0201078016			CR2E
NAME STREET ADDRESS CITY-ST-ZIP	KEISER COMMONS CORP. 1600 N.W. 49TH STREET FT. LAUDERDALE FL 33309			-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	- <u>U4/3U/U2U</u> ****526.25	1078016 ****526.25	-
DOCUMENT #		and a stranger of the contract	STRE	ET ADDRESS				-1       -1
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZiP				_
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CITY-ST-ZIP  DOCUMENT #				ET ADDRESS				$\dashv$
NAME STREET ADDRESS CITY-ST-ZIP				-ST-ZIP		When's c	· · · · · ·	$\dashv$
DOCUMENT #			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	A		att. Ab as st 1-5	_
14. I hereby o	certify that the information supplied w	ith this filing does not qua	lify for the exe	mption stated in	Section 119.07(3)(i)	, Florida Statutes. I further ce	rtiry that the information	<u>م</u> را

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

