

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

**DOCUMENT # A97000001090**

1. Entity Name  
**TRIPLE K GROVES, LTD.**

|  |   |
|--|---|
| Principal Place of Business<br><b>311 HIBISCUS TRAIL<br/>         MELBOURNE BEACH FL 32951</b> | Mailing Address<br><b>311 HIBISCUS TRAIL<br/>         MELBOURNE BEACH FL 32951-2025</b> |
|--|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-2850736</b>                           |  | Applied For                           |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | Not Applicable                        |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |
| Zip                            | Country | Zip                 | Country |   |  |                                       |

|   |  |  |  |  |  |  |  |           |          |
|---|--|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent   |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |           |          |
| <b>KERR, WILLIAM W IV<br/>         311 HIBISCUS TRAIL<br/>         MELBOURNE BEACH FL 32951</b> |  |  |  | Name   |  |  |  |           |          |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |           |          |
|   |  |  |  | City   |  |  |  | <b>FL</b> | 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 \_\_\_\_\_  
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. <b>\$1,600,000.00</b> | 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           |  |
|                                 | <b>WILLIAM W. KERR, IV</b>      |                          |  |
| STREET ADDRESS                  | <b>311 HIBISCUS TRAIL</b>       | CITY - ST - ZIP          |  |
|                                 | <b>MELBOURNE BEACH FL 32951</b> |                          |  |
| DOCUMENT #                      | NAME                            | STREET ADDRESS           |  |
|                                 |                                 |                          |  |
| STREET ADDRESS                  |                                 | CITY - ST - ZIP          |  |
|                                 |                                 |                          |  |
| DOCUMENT #                      | NAME                            | STREET ADDRESS           |  |
|                                 |                                 |                          |  |
| STREET ADDRESS                  |                                 | CITY - ST - ZIP          |  |
|                                 |                                 |                          |  |
| DOCUMENT #                      | NAME                            | STREET ADDRESS           |  |
|                                 |                                 |                          |  |
| STREET ADDRESS                  |                                 | CITY - ST - ZIP          |  |
|                                 |                                 |                          |  |
| DOCUMENT #                      | NAME                            | STREET ADDRESS           |  |
|                                 |                                 |                          |  |
| STREET ADDRESS                  |                                 | CITY - ST - ZIP          |  |
|                                 |                                 |                          |  |

**000003283650--4**  
**-06/09/00--0112--001**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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: William W. Kerr, IV **NOT REQUIRED** **4/28/200** **(321) 951-7964**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR 12003 (9/99)