2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002881

1. Entity Name

KDJ, LTD.

FILED

02 JUN -6 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2909 BAY TO BAY BLVD., STE. 309 TAMPA FL 33629	2909 BAY TO BAY BLVD., STE. 309 TAMPA FL 33629

2. Principal Place of Business	3. Mailing Address
280 Gulf Blvd	4550 River Green Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. STE 100
City & State Belleair Shores, FL	City & State Duluth, GA
Zip 33786 Country USA	Zip 30096 Country USA

DUE BY MAY 1, 2002

4. FEI Number 59-3486417 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD., STE. 309 TAMPA FL 33629	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 _____ DATE
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.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$10.00	Ø	

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 #	P97000106046	STREET ADDRESS	
NAME	KDJGP, INC.	CITY-ST-ZIP	600005753586--0 -06/11/02--01064--014 ****141.25 ****141.25
STREET ADDRESS	2909 BAY TO BAY BLVD., STE. 309		
CITY-ST-ZIP	TAMPA FL 33629		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	LP 14 Temp ID
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NAME		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: SIGNED _____ 1-29-2002 770 622-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/01)