2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000294

DOCUMENT # A97000002881

1. Entity Name
KDJ, LTD.

FILED
Aug 25, 2003 8:00 A.M.
Secretary of State

Principal Place of Business	Mailing Address
280 GULF BLVD BELLEAIR SHORES FL 33786	4550 RIVER GREEN PARKWAY, SUITE 100 DULUTH GA 30096

2. Principal Place of Business		3. Mailing Address	
		3550 CORPORATE WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE C	
City & State		City & State DULUTH, GA	
Zip	Country	Zip 30096	Country USA

DUE BY SEPTEMBER 24, 2003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$10.00	10. Amount of Capital Contributions in FLORIDA to date.	Ø	11. MAKE CHECK PAYABLE TO FL. 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 #	P97000106046	STREET ADDRESS	
NAME	KDJGP, INC.		
STREET ADDRESS	2909 BAY TO BAY BLVD., STE. 309	CITY-ST-ZIP	600022548236 08/25/03--01038--004 **141.25
CITY-ST-ZIP	TAMPA FL 33629		
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CR2E003 (4/03)

STAPLE CHECK HERE

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: [illegible] 8/8/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #