## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A98000000276 1. Entity Name SECRETARY OF STATE INLET HOLDINGS, LTD. DIVISION OF CORPORATIONS NN MAY 16 PM 1:33 Principal Place of Business Mailing Address 1070 E. INDIANTOWN ROAD. #400 1070 E. INDIANTOWN ROAD. #400 JUPITER FL 33477 JUPITER FL 33477-5144 ipal Place of Busines DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For & State 4. FEI Number State 65-0813531 Not Applicable \$8.75 Additional Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name KEMPE, JOSEPH C 1070 E. INDIANTOWN ROAD, #400 JUPITER FL 33477 City 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) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$7,500.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 13. 12. P98000005001 DOCUMENT # STREET ADDRESS J.C. KEMPE MANAGEMENT, INC. NAME 1070 E. INDIANTOWN RD., #400 STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP -06/14/00--01116--001 CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP СЩ -ST-ZIP 148 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:

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