2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED
03 APR 16 PM 2:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJ

DOCUMENT # A98000002204

1. Entity Name
KEMO SABE, LTD.

Principal Place of Business	Mailing Address
1048 KANE CONCOURSE BAY HARBOR FL 33154	1048 KANE CONCOURSE BAY HARBOR FL 33154

2. Principal Place of Business	3. Mailing Address
1177 Kane Concourse 4/16	1177 Kane Concourse
Suite, Apt. #, etc.: 222	Suite, Apt. #, etc.: 222
City & State: Bay Harbor FL	City & State: Bay Harbor, FL
Zip: 33154 Country:	Zip: 33154 Country:

DUE BY MAY 1, 2003

4. FEI Number 65-0858608 ☐ 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
GREENFIELD, ALAN E ESQ 2600 DOUGLAS ROAD, SUITE 911 CORAL GABLES FL 33134	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. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,051,810.00		

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 #	P98000064609	STREET ADDRESS	1177 Kane Concourse #222
NAME	THE KEMO SABE COMPANY	CITY-ST-ZIP	Bay Harbor, FL. 33154
STREET ADDRESS	~~2600 DOUGLAS ROAD, SUITE 911~~		
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

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: SIGNATURE REQUIRED _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER