2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** A9900000098 SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name C.K.J.A., LTD. 00 JUL -7 AM 9: 25 Principal Place of Business Mailing Address 1290 WESTON ROAD. SUITE 300 1290 WESTON ROAD. SUITE 300 WESTON FL 33326 WESTON FL 33326-1973 3. Mailing Address 2. Principal Place of Business 3487 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 5-0900106 Not Applicable Nesto Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEGAL INFORMATION SERVICES, INC. 1290 WESTON ROAD, SUITE 300 WESTON FL 33326 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$742,500.00 SEE REVERSE SIDE FOR FEE INFORMATION 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 ADDRESS CHANGES ONLY 12. 13. P99000002103 DOCUMENT# STREET ADDRESS C.K.J.A., INC. NAME 3487 DERBY LANE STREET ADDRESS CITY-ST-ZIP WESTON FL 33331 -07/14/00--01040--015 CITY - ST - ZIP *****88.43 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7P -07/14/00--01040--016 DOCUMENT # STREET ADDRESS ****130_00_****130_00 NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS THAN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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: