

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # A13350**1. Entity Name
KENNEDY DRIVE INVESTORS, LTD.

| | |
|-----------------------------|-----------------|
| Principal Place of Business | Mailing Address |
| 1200 KENNEDY DRIVE | P.O. BOX 414586 |
| KEY WEST FL | MIAMI BEACH FL |
| 33040 | 33141 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| 1200 KENNEDY DRIVE | P.O. BOX 414586 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------|----------------|--------------------------------------------------------------|--------------------------------|
| City & State | City & State | 4. FEI Number | Applied For |
| KEY WEST FL | MIAMI BEACH FL | 59-2271569 | Not Applicable |
| Zip | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 33040 US | 33141 US | <input checked="" type="checkbox"/> <input type="checkbox"/> | |

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**SANCHEZ, ROBERTO
1200 KENNEDY DR.KEY WEST FL
33040 US

| |
|----------------------------------------------------|
| Name |
| SANCHEZ, ROBERTO |
| Street Address (P.O. Box Number is Not Acceptable) |
| 780 NW LEJEUNE RD |
| SUITE 616 |
| City |
| MIAMI FL |
| Zip Code |
| 33126 |

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 **04/18/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. 22,550.0010. Amount of Capital Contributions
in FLORIDA to date. 22,550.00**11. MAKE CHECK PAYABLE TO 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 # | | STREET ADDRESS | 1790 BAY DRIVE |
| NAME | SANCHEZ ROBERTO | CITY-ST-ZIP | MIAMI BEACH FL 33141 |
| STREET ADDRESS | 1790 BAY DRIVE | | |
| CITY-ST-ZIP | MIAMI BEACH FL | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| 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: ROBERTO SANCHEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

G 04/18/2001

Date

Daytime Phone #

CR2E003 (11/00)