

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001063
AV

DOCUMENT # **A02000000738**



1. Entity Name
KEPACA LTD.

FILED

03 MAY -5 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131**

Mailing Address
**2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 48-1261362	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI FL 33131			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. \$200,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	L02000012116 KEPACA LC 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI FL 33131	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	100017921581
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	05/05/03 01003-011 #526 25
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: By: Thomas J. Casey, Manager **3/20/03** **305-376-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)