

2002 UNIFORM BUSINESS REPORT (UBR)

0004097 AV

DOCUMENT # A00000000117

1. Entity Name

PLAYA RIENTA ASSOCIATES LIMITED PARTNERSHIP

FILED

02 MAY -1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|---|---|
| Principal Place of Business 1000 CLINT MOORE RD., SUITE 110 BOCA RATON FL 33487 | Mailing Address 1000 CLINT MOORE RD., SUITE 110 BOCA RATON FL 33487 |
|---|---|

| | |
|--------------------------------|--------------------|
| 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, 2002 | |
| 4. FEI Number 65-0973461 | APPLIED FOR |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent ENDELSON, KENNETH M 1000 CLINT MOORE RD., SUITE 110 BOCA RATON FL 33487 |
|--|

| |
|--|
| 7. Name and Address of New Registered Agent |
| 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
|---|---|--|
| 9. Capital Contributions as Shown on record. \$0.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 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 # | P99000107819 | STREET ADDRESS | |
| NAME | KENCO COMMUNITIES AT PLAYA RIENTA, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 1000 CLINT MOORE RD., SUITE 110 | | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | | |
| DOCUMENT # | | STREET ADDRESS | 200005556422--1 |
| NAME | | CITY-ST-ZIP | 05/17/02-01021-024 |
| STREET ADDRESS | | | ****150.00 ****150.00 |
| 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: Judy Mathews Gray JUDY MATHEWS GRAY 3/12/02 561-997-5760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)