

2001 UNIFORM BUSINESS REPORT (UBR)

0018933 AB

DOCUMENT # A00000001702

1. Entity Name

KOHN ENTERPRISES, LTD., LLLP

FILED
01 APR 16 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1520 ROYAL PALM SQUARE BOULEVARD, STE 320
FORT MYERS FL 33919

Mailing Address
431 SUWANEE
PARK FOREST IL 60466

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 58-2584114 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

SCHOENFELD, LOWELL
1520 ROYAL PALM SQUARE BOULEVARD, STE 320
FORT MYERS FL 33919

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 *Lowell Schoenfeld* 4/12/01
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. \$474,000.00

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 #
NAME KOHN, MARILYN J TRUSTEE
STREET ADDRESS 431 SUWANEE
CITY-ST-ZIP PARK FOREST IL 60466

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CITY-ST-ZIP
4000004133494--3
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****526.25 ****526.25

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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 of Marilyn J Kohn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 12, 2001
Date Daytime Phone #

CP2E003 (11/00)