

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001862

1. Entity Name

KS CONDOR PARTNERS, LTD., II

Principal Place of Business

Mailing Address

6238 PRESIDENTIAL CT.
#7
FT. MYERS, FL

SAME

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

65-1041314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 APR 26 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

HUNT, CLIFFORD J.
BECKER + POLAKOFF P.A.

Street Address (P.O. Box Number is Not Acceptable)

401 E. JACKSON ST. - STE 2400

City

TAMPA

FL

Zip Code

33602

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

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.

10,000,000

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

8000004191578-8

-05/09/01--01118--004

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DOCUMENT #

NAME
KS ADVISORS INC
STREET ADDRESS
6238 PRESIDENTIAL CT - #7
CITY-ST-ZIP
FT. MYERS, FL 33919

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SCOTT FINE

Date

4/24/01

Daytime Phone #

CR2E003 (11/00)