

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014866 AT

DOCUMENT # A00000001862

1. Entity Name
KS CONDOR PARTNERS, LTD., II



FILED

03 APR 25 PM 4:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
38 BARKLEY CIRCLE
FORT MYERS FL 33907

Mailing Address
38 BARKLEY CIRCLE
FORT MYERS FL 33907



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-1041314

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HUNT, CLIFFORD J
401 E JACKSON STREET, SUITE 2400
BECKER & POLOAKOFF PA
TAMPA FL 33602

Name
WINER, STEVEN E. ESQ
Street Address (P.O. Box Number is Not Acceptable)
330 FIRST ST., STE 1000
City FT. MYERS FL Zip Code 33901

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

4/14/03
DATE

9. Capital Contributions as Shown on record. \$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P99000050313
NAME KS ADVISORS, INC.
STREET ADDRESS 8238 PRESIDENTIAL COURT, SUITE 7
CITY-ST-ZIP FORT MYERS FL 33910-3581

STREET ADDRESS 38 BARKLEY CIRCLE - #1
CITY-ST-ZIP FT. MYERS, FL 33907

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/03
Date

239-481-5568
Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE