

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# A01000000424

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: ARNOLD, STINNETT AND KOBER, L.L.L.P.

Current Principal Place of Business:

15205 HARBOUR ISLE DRIVE
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15205 HARBOUR ISLE DRIVE
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 65-1096366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOBER, KENNETH C
15205 HARBOUR ISLE DRIVE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Capital Contributions as Shown on record: 3.00

Amount of Capital Contributions in Florida to date: 3.00

GENERAL PARTNER INFORMATION:

Document #:

Name: STINNETT, BOBBIE
Address: 6517 AMIANN COURT
City-St-Zip: LAKELAND, FL 33813

Document #:

Name: ARNOLD, APRIL
Address: 196 MONTEREY DRIVE
City-St-Zip: NAPLES, FL 34119

Document #:

Name: KOBER, KENNETH C
Address: 15205 HARBOUR ISLE DRIVE
City-St-Zip: FORT MYERS, FL 33908

ADDRESS CHANGES ONLY:

Address:
City-St-Zip: LAKELAND, FL 33813 US

Address:
City-St-Zip: NAPLES, FL 34119 US

Address:
City-St-Zip: FORT MYERS, FL 33908 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KENNETH C. KOBER

GP

04/29/2002

Electronic Signature of Signing General Partner

Date