

A01000000480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

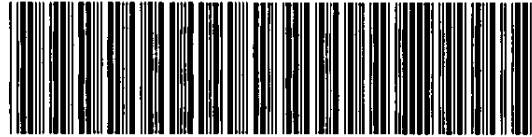
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: PKP 2001 Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jennifer L. Thompson

Contact Person

The Kohn Partnership, LLP

Firm/Company

8251 Maryland Ave., Suite 108

Address

St. Louis, MO 63105

City, State and Zip Code

jennifer.thompson@kohn-partnership.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer L. Thompson

Name of Contact Person

at (314)

721-8888

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PKP 2001 Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/09/2001 3. A0100000480
Date of filing/registration in Florida Florida document number

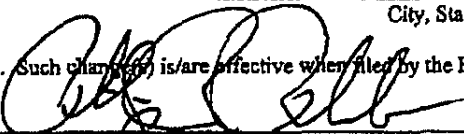
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System
Name
1200 South Pine Island Rd.
Address
Plantation, FL 33324
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Michael E. Kohn
Name
759 12th Ave. South
Florida street address (P.O. Box not acceptable)
Naples FL 34102
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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