2003 LIMITED PARTNERSHIP (USR)

STAPLE CHECK HERE

SIGNATURE:

DOCUMENT # A0100000480 1. Entity Name PKP 2001 LIMITED PARTNERSHIP					FILED 03 MAY -6 PH 1: 37	
		Mailing Address 1322 ALCYON COURT CARLSBAD CA 92009			SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business Mailing Address			-		L NOONON CON BOURN HIGH BOUN CON BOUN BOUN BOUN BOUN BOUN BOUN BOOM BROWN HIGH BOWN HOW	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2003	
City & State		City & State			4. FEI Number 33-0960669 Applied For Not Applicable	
Zip	Country	Zip	Countr	y 	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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. 1 am familiar with, and accept the obligations of registered agent.						
SIGNATURE ————————————————————————————————————						
9. Capital Contributions as Shown on record. 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 # NAME	PALUMBO, PHILIP R 1322 ALCYON COURT CARLSBAD CA 92009		STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP		
DOCUMENT # NAME			STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP	5		CITY-S	T- ZIP	05 1696046623 70741.25	
DOCUMENT # NAME	-		STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP		
DOCUMENT # NAME			STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP	{			T- 21P	`	
DOCUMENT # NAME			STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST	r-ZiP		
DOCUMENT # NAME			STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP	′-ST-ZIP			r-zip		
14. i hereby of indicated	ertify that the information supplied with the on this report is true and accurate and the	his filing does not qualify for the lat my signature shall have the	ne exemp	otion stated in Sec	tion 119.07(3)(i), Florida Statutes. I further certify that the information and under oath; that I am a General Partner of the limited partnership or	

4-12-03