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FILED
02 MAR -4 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (LBR)

DOCUMENT # A01000000901

1. Entity Name
Kathy's Pointe, Ltd.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
585 N. Courtenay Pkwy	Post Office Box 4961
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.:
City & State: Merritt Island, FL	City & State: Orlando, FL
Zip: 32953 Country:	Zip: 32802-4961 Country:

DUE BY MAY 1

4. FEI Number: 59-3729061 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: B+C Corporate Services of Central FL, Inc.
Street Address (P.O. Box Number is Not Acceptable): 390 N. Orange Avenue Suite 1100
City: Orlando FL Zip Code: 32801

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION
$50.00		

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

DOCUMENT #	L01000022449
NAME	Kathy's Pointe, LLC
STREET ADDRESS	585 N. Courtenay Pkwy, Ste. 101
CITY-ST-ZIP	Merritt Island, FL 32953
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BK ****150.00 ****150.00

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CR2E003B (12/01)

STAPLE CHECK HERE

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: Kathy's Pointe, LLC By: Merritt Housing GP, LLC, its sole member Michael Hartman, Member 2/16/02 321/453-2932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #