

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

102

DOCUMENT # A01000001240
1. Entity Name
SOLOMON T. W. KOHN LIMITED PARTNERSHIP

FILED

02 DEC 31 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500009233545
12/31/02--01082--001 **184.50

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7820 Maryland Avenue

3. Mailing Address
7820 Maryland Avenue

Suite, Apt. #, etc.

DUE BY MAY 1

City & State
St. Louis, MO

City & State
St. Louis, MO

4. FEI Number **43-1938260**
Applied For
Not Applicable

Zip
63105

Country
USA

Zip
63105

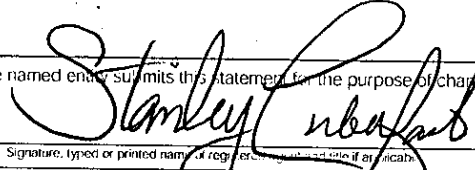
Country
USA

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 **STANLEY J. LIEBERFARB**
Street Address (P.O. Box Number is Not Acceptable)
1100 Fifth Ave. South Suite 405
City **Naples** FL Zip Code **34102**

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  **Stanley J. Lieberfarb** DATE

9. Capital Contributions as Shown on record. **900.00**

10. Amount of Capital Contributions in FLORIDA to date. **1000**

11. MAKE CHECK PAYABLE TO 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

DOCUMENT #
NAME **Michael E. Kohn, Trustee of the Solomon T. W. Kohn Revocable Trust, 7820 Maryland Ave. St. Louis, MO 63105**

STREET ADDRESS
CITY-ST-ZIP
**500009233545
11/27/02--01010--005 **52.50**

DOCUMENT #
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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)(f), 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:  **Michael E. Kohn, Trustee**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10-28-02

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)

282

Solomon T. W. Kohn Limited Partnership

7820 Maryland Avenue
St. Louis, MO 63105
(314) 721-8888

FILED

02 DEC 31 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 16, 2002

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

RE: Uniform Business Report

To Whom It May Concern:

Enclosed please find the completed Uniform Business Report and a check in the amount of \$184.50 for the filing fee and supplemental fee (please also apply the amount of \$52.50 which you are holding on this matter).

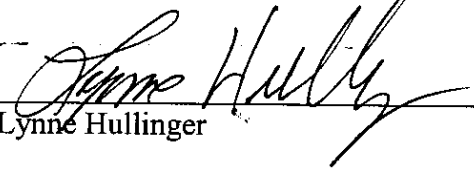
Also enclosed is Supplemental Affidavit of Capital Contributions and a check in the amount of \$59.50 for the filing fee.

We did not receive the 60 day notification, as required by Section 620.178(2)(a), that this partnership was going to be revoked (or the Uniform Business Report form). We request that you waive the late fee and accept this form as timely filed.

If you have any questions concerning this matter, please contact the undersigned.

Solomon T. W. Kohn Limited Partnership

By:


Lynne Hullinger

Enclosure