LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name

STAPLE CHECK HERE

SOLOMON T.W. KOHN KOHN LIMITED PARTNER



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 JUN 13 AM ID: 12

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2. Principal Place of Busin		3. Mailing Address			06/23/0301113007 **141.25 po not write in this space							
801 12th Avenu	e South	801 12th Avenue	South		<u> </u>							
Suite, Apt. #, etc.		Suite, Apt. #, etc.										
Suite 300		Suite 300				DUE BY	MAI I					
City & State		City & State			4. FEI Number 43-1938260	1		Ap	plied For			
Naples, FL		Naples, FL			43-1936200	J		No	ot Applicable			
34102	Country USA	34102	Country USA		5. Certificate of Status Desired							
			PARKET STORY		7. Name and Address	s of Current R	egistered Age	nt				
			Name Stanley J. Lieberfarb									
or constant of	OPNOT-W	RITE										
				00°Fi	P.O. Box Number is No Eth Avenue Sc	outh, Su	ite 405					
	N THIS SP	ACE				-						
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			City	Naples	3		FL i	Zip Code 34102				
8 The above named entit	v submits this statement for	the purpose of changing its re	the transfer of			e State of Flori	. 					
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SIGNATURE Signature types	for printed name of registered agent a	and title if applicable.					DATE					
9. Capital Contributions		10. Amount of Capital	Contributions		11	MAKE CHECK	Maria di Haris di Kalendaria di Angela d	i ≈ NFPT	OF STATE			
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14. I hereby certify that th	e information supplied with	this filing does not qualify for the	ne exemption st	ated in Se	ction 119.07(3)(i), Flori	da Statutes. I fu	urther certify th	at the in	formation			
indicated on this repo	rt is true and accurate and t	that my signature shall have the report as required by Chapter	e same legal eff	ect as if m	nade under oath; that I	am a General F /	Partner of the li	mited pa	artnership or			

Midrael E. Kohn by Catherine K. Kohn POA dated 2/25/99.

SIGNATURE: ______ Michael E. Kohn, Trustee 2-19-03 (314) 721-8888