

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 20 AM 10:58

Wg/3

DOCUMENT # A01000001699

1. Entity Name

KOKPELLI VENTURES, LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2241 ROBERT D RD
Suite, Apt. #, etc.

3. Mailing Address

2241 ROBERT D RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

MOUNT DORA FL 32757
Zip Country
USA

City & State

MOUNT DORA FL 32757
Zip Country
USA

4. FEI Number

59-3717248

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

COOPER WISE, JR

Street Address (P.O. Box Number is Not Acceptable)

2241 ROBERT D RD

City

Mount Dora

FL

Zip Code

32757

**DO NOT WRITE
IN THIS SPACE**

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

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

9. Capital Contributions as Shown on record.

12,000 -

10. Amount of Capital Contributions in FLORIDA to date.

12,000 -

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 # P98000026000
NAME MOUNT DORA CONSTRUCTION INC
STREET ADDRESS 2241 ROBERT RD
CITY-ST-ZIP MOUNT DORA FL 32757

STREET ADDRESS

CITY-ST-ZIP

400005677054--4
-06/04/02--01031--011

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

***190.25 ***181.50

DOCUMENT # CF 172.75
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT # cert 8.75
NAME OP 8.75
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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:

Cooper Wise / J. Wise 4/20/02 350-735-2065

CR2E003B (12/01)