LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # A02 000000288 02 JUN 17 PM 4: 43 RAWFORD INVESTMENT ENTERPOYEES, 44, ULL SECRETARY OF STATE TALLAHASSEE FLORIDA DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE **DUE BY MAY 1** Applied For City & State State FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 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 DATE 9. Capital Contributions Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE as Shown on record. in FLORIDA to date. 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 000005912300 -06/21/02--01078--012 (12/01)DOCUMENT / STREET ADDRESS KBC Enterprises, LLC NAME 13025 Kirby SMI-IR Rd. ORlando, 7L 301835-6130 STREET ADDRESS CR2E003B CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 000005449680 STREET ADDRESS CITY-ST-ZIP -05/03/02--01048--nns CITY-ST-ZIP ****350.00 ****50.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # IN THIS SPACE STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Florida Legal Group, P.A.

Attorneys at Law

(407) 898-7075 (O) (407) 898-0292 (Fax) Email: <u>bjdavis@worldramp.net</u>

Mailing Address: P.O. Box 1058 Orlando, FL 32802-1058 Street Address:
538 Virginia Drive
Orlando, FL 32803

June 13, 2002

Registration Section/Qualification Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Crawford Investment Enterprises, Ltd., LLP

Dear Sir/Madam:

Pursuant to your letter dated May 21, 2002 (see copy enclosed), enclosed is a check in the amount of \$91.25 for the additional required filing fee.

Very truly yours

Cat L. Brower

:cb

Enclosure