2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0200001420

1. Entity Name 16.K DEVELOPMENT, LTD.

FILED Jan 31, 2003 8:00 A.M. Secretary of State

Principal Place of Business 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD FL 33021		Mailing Address 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD FL 33021			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003	
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent	
ROTH, LEONARDO A ESQ.			Name	Name	
3440 HOLLYWOOD BLVD. SUITE 360			Street Addre	Street Address (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33021					
		•	City	FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions \$300.508.20 10. Amount of Capital Contributions					
as Shown		in FLORIDA to c	iate. 6	O, 101 69 SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNE	R THAT IS A BUSINESS EN	ITITY MUST BE REC	GISTERED AND ACTIVE WITH THIS OFFICE.	
40			ne torm; an amendi	ment must be filed to change a general partner. ADDRESS CHANGES ONLY	
12. GENERAL PARTNER INFORMATION			13.	ADDRESS CHANGES ONE	
DOCUMENT # NAME	AVONLEA DEVELOPMENT, CORP 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD FL 33021		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	400011396704	
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NAME			STREET ADDRESS		
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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS