

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

DOCUMENT # A02000001680

1. Entity Name

KANIA, LIMITED PARTNERSHIP



FILED

03 MAY 19 AM 8:58

SACRAMENTO, CALIFORNIA
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 27200 Riverview Center Blvd.		3. Mailing Address Same		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc. Suite 309		Suite, Apt. #, etc.		DUE BY MAY 1	
City & State Bonita Springs, FL		City & State		4. FEI Number 14-1863420	Applied For Not Applicable
Zip 34134	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent Name Cohen & Grigsby, P.C. Street Address (P.O. Box Number is Not Acceptable) 27200 Riverview Center Blvd. Suite 309 City Bonita Springs FL Zip Code 34134	

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

DATE

9. Capital Contributions as Shown on record. \$100	10. Amount of Capital Contributions in FLORIDA to date. \$100	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 STREET ADDRESS CITY-ST-ZIP	Demacon, LLC 27200 Riverview Center Blvd., Ste. 309 Bonita Springs, FL 34134		STREET ADDRESS 309 CITY-ST-ZIP	600013734836 04/03/03-01007-021 **88.75	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	600013734836 03/10/03-01076-022 **52.50	
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

President and Sole Member
Martin Kania

2/ 21/03

941/390-1900

SIGNATURE: *V-C*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/02)